

# ***The Modern Hospital***

DECEMBER 1959

## **The Administrator and His Assistant Must Hang Together**

*Although good assistants are likely to develop into good administrators, they must be taught how to follow before they are ready to lead (page 59)*

## **What the Facts Are on Workmen's Compensation Insurance**

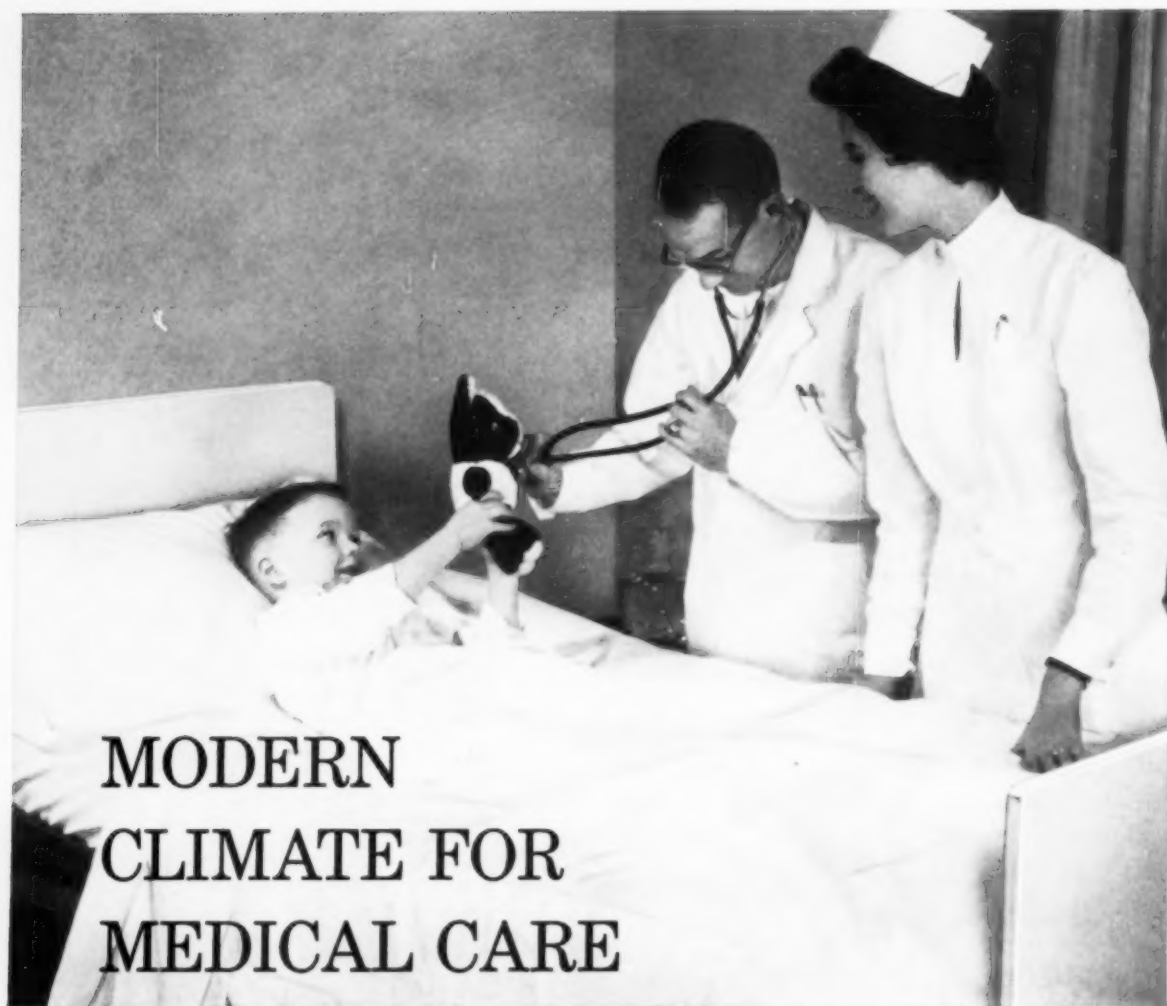
*Latest information from 49 states on workmen's compensation rates, rating procedures, and the application of both of them to hospital workers (page 81)*

## **Length of Stay Statistics May Tell the Wrong Story**

*Unless properly calculated, average length of stay is a crude and misleading statistic, the use of which is hard to justify (page 91)*

*Front view of Kaiser Foundation Medical Center, Honolulu, Hawaii (page 65)*





## MODERN CLIMATE FOR MEDICAL CARE

### Controlled Temperatures and Humidities Boost Efficiency in Today's Hospitals

Johnson Air-Conditioning and Temperature Control Systems help modern hospitals give better patient care, increase productivity, and cut building operation costs.

With Johnson Control, temperatures and humidities can be matched to each special need, thus assuring ideal thermal conditions for patients' health and comfort.

Likewise important is the fact that a Johnson System can eliminate the chore of checking room temperatures, save nurses' time, and maintain a comfortable, productive working environment for the entire staff.

Johnson Control also results in lower operational costs — for pneumatic controls are simpler, easier to understand and operate, require less supervision, cost less to maintain, and use less power than any other type of controls.

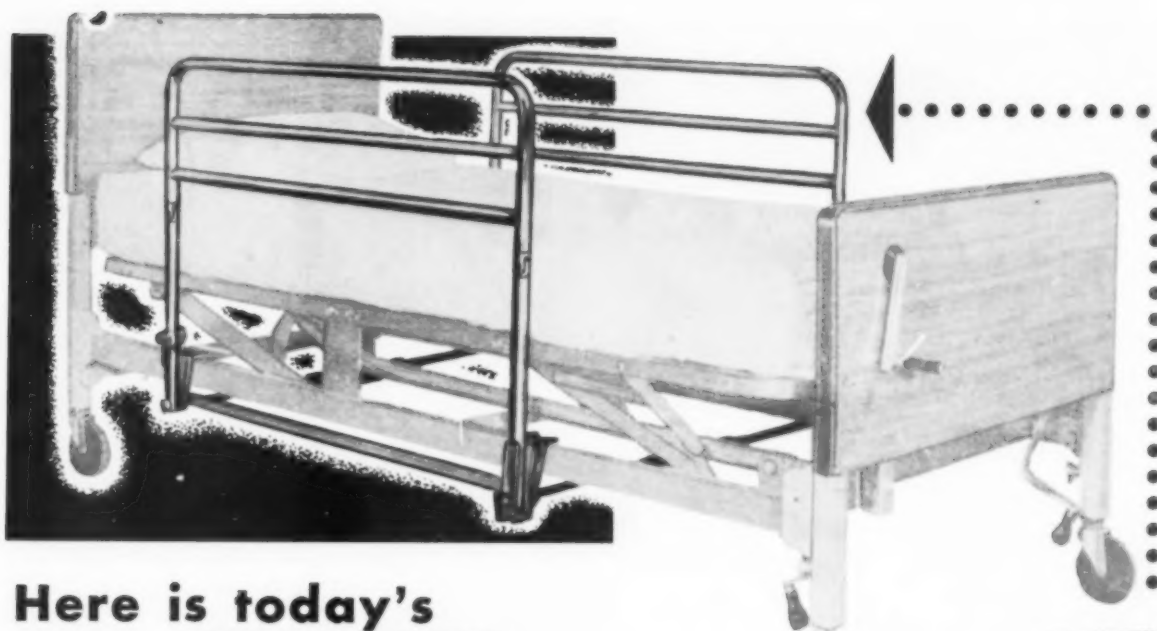
When you build or modernize, make certain you get these benefits, too. Ask your consulting engineer, architect, or local Johnson representative about the installation of a specially planned Johnson Control System.

Johnson Service Company, Milwaukee 1, Wisconsin. 105 Direct Branch Offices.

**JOHNSON CONTROL**  
PNEUMATIC  SYSTEMS

DESIGN • MANUFACTURE • INSTALLATION • SINCE 1885





## Here is today's **MOST RIGID** **3/4 LENGTH BED RAIL**

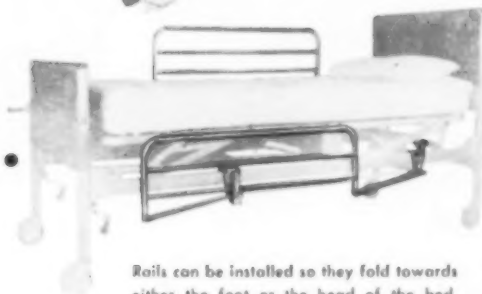
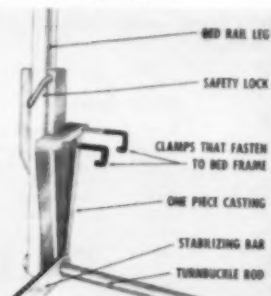
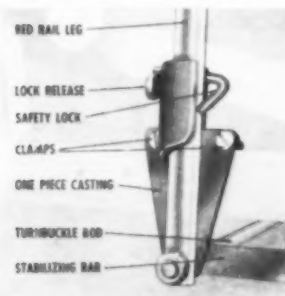
Here is truly an engineering achievement . . . Rails are designed as a unit and when installed on bed, form a trust construction which gives rigidity found on no other rail.

These new Bed Rails can be easily installed on today's hospital beds without alteration or drilling of bed frame. When in storage, the Bed Rails are completely out of the way (rails are below level of mattress and still allows access under bed) yet ready to be pulled up and into position for immediate use. Rails automatically lock securely for added safety.

This all new 3/4 length rail has been proven in hospitals throughout the country to be today's most modern and safe Bed Rail. Many hospitals and insurance companies prefer the 3/4 length rail over the full length rail. The 3/4 length rail gives adequate protection but still allows the persistent patient to get out of bed with much less danger than crawling over a high full length rail which has caused many, many unnecessary injuries. With the use of these rails on your beds, you will be giving additional safety to all of your patients.

*You are invited to try a set of our new Bed Rails at no cost or obligation.*

Detail photos below show type and parts of mounting and casting used in Hausted Bed Rails to achieve rigidity.



Rails can be installed so they fold towards either the foot or the head of the bed.



Unusual rigidity is achieved by the use of exclusive bracket mountings and cross extension bars with adjusting turnbuckle.

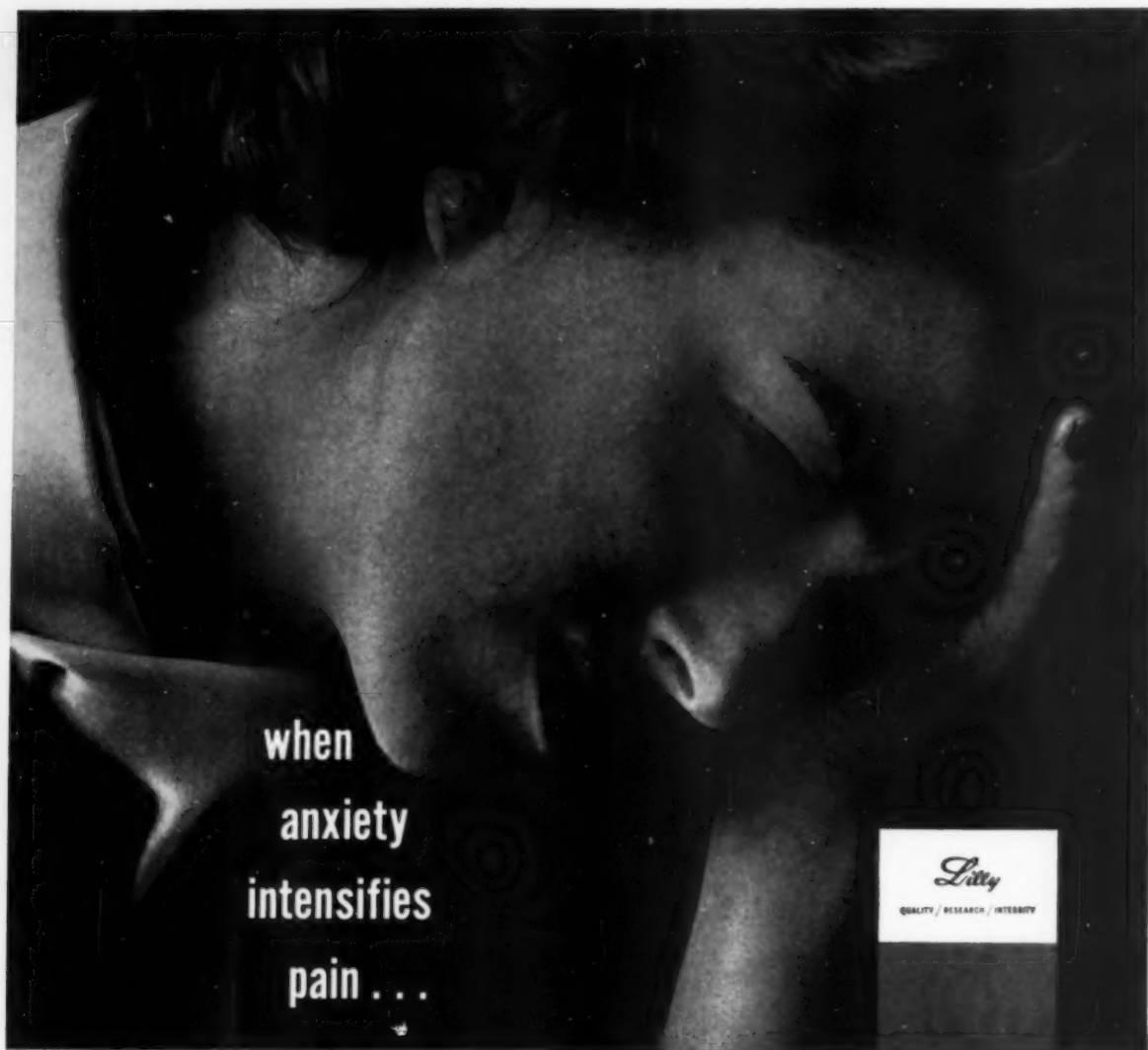


the

# HAUSTED

MANUFACTURING CO.

★ ★ ★ Medina, Ohio



when  
anxiety  
intensifies  
pain . . .



## NEW DARVO-TRAN™ relieves pain more effectively than the analgesic components alone

Effective analgesia *plus* safe relief of mild anxiety helps combat the pain-anxiety spiral. Darvo-Tran adds the tranquilizing effects of Ultrán® to the established analgesic advantages of Darvon® and A.S.A.®. Clinical and pharmacologic studies have shown that when pain is accompanied by anxiety, the addition of Ultrán *enhances* and *prolongs* the analgesic effects of Darvon.

Each Pulvule® Darvo-Tran provides:

Darvon . . . . . 32 mg. }	TO RAISE PAIN THRESHOLD
A.S.A. . . . . 325 mg. }	
Ultrán . . . . . 150 mg. }	TO RELIEVE ANXIETY

*Darvo-Tran does not require a narcotic prescription.*

Usual dosage:

1 or 2 Pulvules three or four times daily.  
Darvo-Tran™ (dextro propoxyphene and acetylsalicylic acid with phenaglycodol, Lilly)  
Ultrán® (phenaglycodol, Lilly)  
Darvon® (dextro propoxyphene hydrochloride, Lilly)  
A.S.A.® (acetylsalicylic acid, Lilly)

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U.S.A.

820426

# The Modern Hospital

DECEMBER 1959

VOLUME 93, NO. 6

## Articles in this issue

### What Administrators Want From Their Assistants

IRVIN G. WILMOT

Some pitfalls are outlined that must be avoided by the assistant and his superior who want to develop a successful relationship . . . . . 59

### They're Calling Them the "Soaring Sixties"

Economists see the decade ahead as the beginning of the greatest building program of all time—and none too soon if we are to keep pace with the predicted population growth . . . . . 64

### Central Work Corridor Simplifies Nurses' Work

BETTY SHELBY

Removing patient traffic from the central work corridor used only by doctors and nurses promotes efficiency at Kaiser Foundation Medical Center, Honolulu. This Hospital of the Month also has a telephone dictating system for records . . . . 65

### Mr. R. N. Is Wanted on the Nursing Team

ALLEN RANKIN

Experience with male nurses indicates that they do an excellent job, and they offer a splendid source of recruits to help solve the nursing shortage . . . . . 71

### New Ideas in Hospital Design Fit New Ideas in Patient Care

Flexibility and adaptability characterize the hospital designs proposed by three graduate students in architecture . . . . . 73

### What's Behind the Administrative Process

RAY E. BROWN

Although the administrative process is the same process no matter where it is found, seven important dimensions can affect it, the author states . . . . . 76

### Ways To Control Workmen's Compensation Costs

RICHARD C. SLEEPER

Here is up-to-date information from 49 states on workmen's compensation rates, rating procedures, and ways the administrator can control and minimize costs . . 81

### Premature Center Is Designed for Protection

LOUIS ALLEN ABRAMSON

Separate nurseries provide three stages of premature care in this special unit at Long Island Jewish Hospital, Long Island, N.Y. . . . . 88

### How To Make Length of Stay Make Sense

ROBERT S. MYERS, M.D., and VERGIL H. SLEE, M.D.

Unless it is properly interpreted, average length of stay is a misleading statistic, the authors point out as they explain how it should be used . . . . . 91

### This Recovery Unit Has Room for the Family

ALBERT H. SCHEIDT

Small windows on three sides of the recovery room let members of the family take a reassuring look at the patient a short time after surgery . . . . . 100

Continued on next page ►

Editor, ROBERT M. CUNNINGHAM JR. Managing Editor, AARON COHODES  
Associate Editors, MILDRED WHITCOMB, JANE BARTON Assistant Editor, LUCIGRACE SWITZER Art Director, LOIS K. BAUMAN  
Advertising Director, J. W. CANNON JR. Chicago Advertising Offices: 919 N. Michigan Ave., Chicago 11, Ill.  
Eastern Office: 119 W. 40th St., New York 18, N.Y. Cleveland Advertising Office: 321 Hanna Bldg., Cleveland 15, Ohio  
Western States Advertising Representative: Wettstein, Nowell & Johnson, Inc., Los Angeles, San Francisco

# The Modern Hospital

## MEDICINE AND PHARMACY

### Controlling Production of Parenteral Fluids

Step-by-step analysis of the procedures used at University of Iowa Hospital in making parenteral solutions.

WILLIAM W. TESTER and DAVID L. HOWARD ..... 102

### O.R. Nurse Should Remind Surgeon of Explosion Hazards

Responsibility of the operating room nurse to guard against explosion hazards is discussed in the Operating Room Forum.

FRANCES GINSBERG ..... 116

### Emergency Service Should Not Be Stepchild of Staff

Inclusion of every staff member on the duty roster is unwarranted, the author contends in the section on Modern Hospital Practice.

ROBERT S. MYERS, M.D. .... 118

## FOOD SERVICE

### Braising Makes the Most of Low Cost Meats

Proper cooking methods can make less tender cuts of meat versatile and welcome additions to the hospital menu.

DORIS ZUMSTEG ..... 120

### We Can Build Efficiency Into the Kitchen

ELIZABETH MILLER ..... 124

## MAINTENANCE AND OPERATION

### This Heating System Can Cut Heating Cost

Concluding a study of the use of high temperature hot water as a method of heat transmission.

W. J. VAN METER ..... 132

## HOUSEKEEPING

### How To Remove Stains From Rugs and Carpets

Methods of removing stains from floor coverings and a glossary of cleaning terms are presented.

MILDRED F. O'DONNELL ..... 136

Roving Reporter	6	Food for Thought	128
Reader Opinion	10	Menus for January	130
Public Relations	12	News Digest	146
Small Hospital Questions	51	Coming Events	166
Wire From Washington	55	Classified Advertising	179
Looking Around	57	What's New for Hospitals	209
About People	90	Index of Advertisers	247



Published monthly by The Modern Hospital Publishing Company, Inc. (subsidiary of F. W. Dodge Corporation), 919 North Michigan Avenue, Chicago 11, Ill., U.S.A. (Cable Address: Modital, Chicago.) Irving W. Hadsell, president; Robert F. Marshall, executive vice president; Robert M. Cunningham Jr., vice president and editorial director; H. Judd Payne, vice president; J. W. Cannon Jr., assistant vice president; Stanley R. Clague, secretary; John P. McDermott, treasurer. Subscription price in U.S., U.S. Possessions and Canada, \$5 a year and \$8 for two years; elsewhere, \$7 a year and \$12 for two years. Single copies, \$1. Member Audit Bureau of Circulations, Associated Business Publications. Second class postage paid at Chicago, Ill., and at additional mailing offices. Printed in U.S.A. Thirty days in advance of publication date should be allowed for change of address.

Change of address notices, undeliverable copies, and subscription orders should be sent to: THE MODERN HOSPITAL, 919 North Michigan Ave., Chicago 11, Ill.

## EDITORIAL BOARD

### CHAIRMAN

RAYMOND P. SLOAN ..... New York

### ADMINISTRATION

R. C. BUEKEL, M.D. .... Detroit  
RICHARD D. VANDERWARKER .. New York

### FINANCE AND ACCOUNTING

RAY E. BROWN ..... Chicago  
C. RUFUS ROEM ..... Pittsburgh

### GOVERNMENTAL HOSPITALS

LUCIUS W. JOHNSON, M.D. ....  
..... San Diego, Calif.  
G. OTIS WHITECOTTON, M.D. ....  
..... Oakland, Calif.

### HOSPITAL SERVICE PLANS

E. A. VANSTEENWYK ..... Philadelphia  
BASIL C. MACLEAN, M.D. .... New York

### MENTAL HOSPITALS

D. EWEN CAMERON, M.D. .... Montreal

### NURSING

SR. LORETTA BERNARD ..... New York

### OUTPATIENT SERVICE

E. M. BLUESTONE, M.D. .... New York  
OLIVER G. PRATT ..... Providence, R.I.

### PERSONNEL MANAGEMENT

CARL C. LAMLEY ..... Topeka, Kan.  
GEORGE U. WOOD ..... Oakland, Calif.

### PLANNING AND CONSTRUCTION

JOHN N. HATFIELD ..... Chicago

### PROFESSIONAL RELATIONS

MADISON B. BROWN, M.D. .... Chicago  
T. STEWART HAMILTON, M.D. ....  
..... Hartford, Conn.

### PUBLIC RELATIONS

J. MILO ANDERSON ..... Rochester, N.Y.  
JOSEPH G. NORBY ..... Milwaukee

### UNIVERSITY HOSPITALS

ALBERT W. SNOKE, M.D. ....  
..... New Haven, Conn.  
E. DWIGHT BARNETT, M.D. ....  
..... Palo Alto, Calif.

## CONSULTANTS

SISTER M. ADELE ..... Pittsburgh  
ROBERT F. BROWN, M.D. .... Seattle  
GEORGE CARTMILL ..... Detroit  
ROGER W. DEBUSK, M.D. .... Detroit  
W. J. DONNELLY ..... Greenwich, Conn.  
EVA H. ERICKSON ..... Seattle  
HARRY C. F. GIFFORD .... Glen Cove, N.Y.  
RICHARD HIGHSMITH .... Oakland, Calif.  
VANE M. HOGE, M.D. .... Washington  
ALTA M. LABELLE ..... Duarte, Calif.  
DAVID LITTAUER, M.D. .... St. Louis  
JACQUE B. NORMAN .... Greenville, S.C.  
A. J. J. ROURKE, M.D. .... New York  
DONALD M. ROSENBERGER .. Newark, N.J.  
MADGE H. SIDNEY ..... Seattle

now available...

# CUBE-PAC<sup>TM</sup>

plastic blood collection and transfusion unit

the NEW  
dimension  
in  
blood-  
banking



*Samples and  
literature to Hos-  
pitals and Blood  
Banks on request.*

CUBE-PAC is a nonwetable, pliable plastic unit, containing 72 ml. of ACD formula A, U.S.P. and N.I.H. for preservation of 480 ml. of blood. Individually packaged with disposable, sterile, nonpyrogenic blood collection set, in laminated-foil paper vapor-barrier envelope, protected by an outer shelf carton.

#### ADVANTAGES

1. Outer retainer insures automatically measured volume. Unique "pop-up" indicator flap signals completion of collection . . . guards against overbleeding problems.
2. Storage, before use, saves approximately 60% of shelf space over conventional blood collection bottles.
3. Cubical shape assures comparable savings in refrigeration storage.
4. Stands alone . . . no racks, hangers or special equipment required for support.
5. Attached identification label flap provides

for permanent, tamper-proof pilot tube and two additional serology tubes.

6. Identification label flap provides convenient writing surface, or for affixing special institutional labels.

7. Adaptable to all Plexitron® administration sets, including Series and Y-Type sets. Complete closed system . . . no venting required.

8. For plasma aspiration either Plasma-Vac bottle or corresponding plastic unit are available as preferred.

*For those who prefer plastic blood therapy units, CUBE-PAC affords every modern advantage.*

**BAXTER LABORATORIES, INC.**

MORTON GROVE, ILLINOIS



# ROVING REPORTER

## Center Provides Integrated Rehabilitation

A facility that takes over where the acute hospital leaves off has been added to Iowa Methodist Hospital, Des Moines. The \$3 million Younker Memorial Rehabilitation Center has extended the frontiers of patient care far beyond the bounds of acute treatment for the people of Iowa and surrounding states.

Before the center opened only the

University Hospital at Iowa City offered facilities for the estimated 100,000 to 120,000 Iowans in need of rehabilitation care.

The new 120 bed unit, dedicated last spring, is connected to and completely integrated with the 400 bed main hospital, where all adult patients are first admitted. Children are housed in the pediatrics wing, but go to the

center for treatment. The facilities of the center are also adequate for 150 outpatients.

A rehabilitation team provides a closely coordinated program. The attending physician, physiatrist, physical therapist, occupational therapist, medical social worker, speech therapist, nurse, vocational counselor, recreation therapist, hospital chaplain, and the patient himself all work together for the good of the patient. Housing all the services under one roof facilitates contact between team members and allows a closely integrated treatment program.

A person seeking admission to the center first consults his local physician. Then, if rehabilitation treatment is recommended, the patient is admitted to the general section of Iowa Methodist Hospital. There routine laboratory and x-ray work is done and an evaluation is made of the patient.

At the rehabilitation evaluation conference attended by staff members realistic goals are established, a treatment program is outlined, and the patient is started on therapy. No patient begins rehabilitation treatment until all medical and surgical problems have been cared for and the patient is ready for total rehabilitation treatment. The patient's physician, his family, and representatives of sponsoring or other interested health agencies are invited to the conferences, held periodically during the treatment program.

The vocation planning and ultimate vocational rehabilitation of patients is supervised by the Iowa State Division of Vocational Rehabilitation which works in close association with the center. A full-time vocational rehabilitation service is stationed at the center. — ROBERT BLACK, *public relations director, Iowa Methodist Hospital, Des Moines.*

## They're Half-Way Home

Convalescent mentally ill veterans are living an experiment in rehabilitation at "half-way" houses in Gulfport, Miss.

There, 36 mentally ill patients from the Veterans Administration hospital are living in two of the special homes. The project was begun by the hospital last year to help meet the needs of emotionally disturbed veterans during the difficult transition from the sheltered environment of the hospital to



## The Low-Cost Baby Incubator for General Nursery Use

The Armstrong X-4 baby incubator is the original Armstrong incubator. It was designed to be good-looking, simple in operation, reliable in performance, low in initial cost and low in operating cost. The fact that over 27,000 Armstrong X-4's are in use in hospitals throughout the world proves the acceptance of the basic ideas which created the Armstrong X-4. The X-4 is still the low-cost baby incubator of choice for general nursery use. If you would like full details, we'll gladly send them.



Write, wire or phone us collect for complete details

**The Gordon Armstrong Co., Inc.**

514 BULKLEY BLDG.  
CLEVELAND 15, OHIO  
CHerry 1-8345

In Canada Armstrong Incubators are available from Ingram and Bell, Ltd., Toronto, Ont.

**AMERICAN-GRAY  
DIVERTER VALVE**

# Hoseless BEDPAN RINSER



Nursing personnel welcome the ease and convenience of the American-Gray Diverter Valve. Cost-conscious administrators like its simple, low-cost installation, minimum maintenance and time saving features. The American-Gray Diverter Valve eliminates awkward hoses where leaks are both dangerous and annoying. Acceptable under the most rigid plumbing codes, thousands of these improved American-Gray Diverter Valves are saving hours and dollars in hospitals and nursing homes throughout the world.

## EASY, ECONOMICAL TO INSTALL

Existing flush valve raised to permit short extensions on either new or existing installations, (left). American-Gray Diverter Valve, placed between flush valve vacuum and toilet . . . easy, economical installation, (right). Top, back and side inlets can be accommodated with complete piping between vacuum breaker and toilet.



**AMERICAN  
STERILIZER**  
ERIE • PENNSYLVANIA

Offices in 14 Principal Cities

independent community life, the V.A. reports.

"Half-way" houses offer an opportunity not provided by the hospital or family setting, Dr. Lawrence G. Behan, director of professional services at the Gulfport V.A. hospital, says.

Veterans living in the houses return to the hospital on weekdays to continue therapeutic activities. Otherwise they are on their own.

Patients selected to live in the houses must be in a convalescent stage of illness, psychologically capable of living outside the hospital, capable of

attending to personal needs and handling money, and ready to assume responsibility for taking prescribed medications, Dr. Behan explains.

The homes are operated by private owners and were carefully selected by social workers.

Community acceptance of the program has been remarkable, according to Dr. Behan, and many neighbors have asked the V.A. officials how they can assist the veterans.

Patients in the "half-way" houses are free to participate in community

recreation activities and to leave on visits to their friends and relatives. So far, the experiment seems to be helping to return worth-while citizens to society, Dr. Behan reports.

### Students Sew for Hospital

Cooperation between a county hospital and the board of education in San Bernardino, Calif., has resulted in benefits to both and has helped the hospital solve a linen shortage.

Sewing classes, set up by the board of education to train women to operate power sewing machines as part of the adult vocational program, produce more than 5000 garments a year for the hospital.



Mrs. Mudgett instructs students in use of power machines as they sew collars for use on hospital gowns.

Margie Mudgett, instructor for the class, proposed the idea to the hospital when she found that the average trainee was unable to provide materials for the 200 to 500 hours of practice necessary.

Under California law, trainees may do work for nonprofit institutions, so Mrs. Mudgett went to County Hospital and offered to help with the sewing. At that time the hospital had several women sewing in the laundry, but they could not keep up with the work to be done and the hospital was often short of linens.

At first the class did mending or flat-work such as hemming sheets or making pillowcases. As their skill increased the women took on more difficult types of sewing. They made sink pads, instrument wrappers, glove bags, nurses' and doctors' caps, laboratory coats, and leggings for surgical patients.

The hospital furnishes all materials, including needles, but finds that the program saves hundreds of dollars over the cost of finished articles. The hospital is now supplied with enough linen on its shelves to meet an emergency.

WITH SLIDING TELESCOPIC CARRIAGE TRAY

## JEWETT MORTUARY REFRIGERATORS

FROM 1 TO 108 BODY CAPACITY



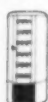
Hospital installation of three-tier Jewett mortuary refrigerator and Jewett instrument cabinet.

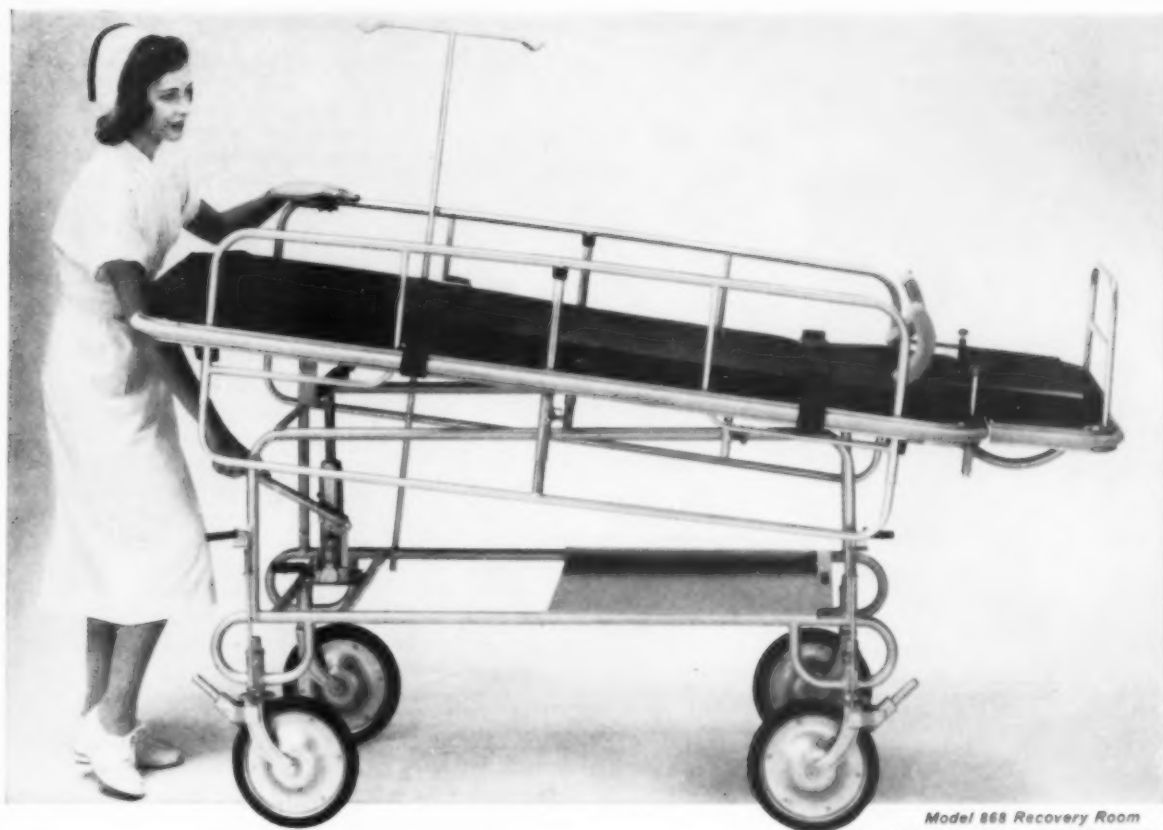
Jewett built the first mortuary refrigerator over 40 years ago ... today Jewett is the accepted leader in its field, offering custom-built and standard mortuaries designed to meet your specified requirements. Available in recessed, free standing, side opening or pass through models, also wheel-in types for carts.

WRITE DEPARTMENT MH

**THE JEWETT REFRIGERATOR COMPANY, INC.**  
BUFFALO 13, N. Y.

MANUFACTURERS  
OF REFRIGERATORS  
OF EVERY TYPE  
FOR INSTITUTIONS  
Since 1849





Model 868 Recovery Room  
Wheel Stretcher With Accessories

IF IT'S A GENUINE *Gendron*

**...IT'S THE FINEST OF ITS KIND!**  
*for quality, durability... for assured patient comfort!*

The most versatile, new wheel stretcher designed for convenience and protection of the patient. This low cost recovery room wheel stretcher combines all the important features of the standard wheel stretcher with those requirements so necessary in new, hospital recovery rooms. It is equipped with two swivel fork locks, two brakes, blanket shelf and conductive rubber tires. Side rails can be raised to two positions or lowered entirely out of the way. The intravenous attachment has sockets on each side of the

litter, and a durable hydraulic lift for Trendelenburg position elevates approximately 12 inches. 72" long, 30" wide and 33½" from the floor, the Gendron stretcher is made with sturdy, welded tube construction and conductive aluminum bronze finish. Wheels: 10" diameter, disc type ball bearing. Ball bearing swivel forks. 1½" conductive rubber tires. Model 869, same, except of stainless steel at additional cost. Write today for Gendron's complete catalog.

**GENDRON... FOR OVER 85 YEARS THE QUALITY MANUFACTURER  
OF WHEELED EQUIPMENT FOR THE PATIENT OR THE HANDICAPPED**



WHEEL  
CHAIRS



INVALID COMMODES



INVALID WALKERS



WHEEL STRETCHERS

**THE  
GENDRON  
WHEEL COMPANY  
PERRYSBURG, OHIO**



**FOR O.R.**



**RECOVERY ROOM**



**BEDSIDE**



**OR ANYWHERE AT ALL**  
**the Baumanometer®**  
**... for every service**  
**in the busy hospital**

Because the Baumanometer alone carries a perpetual guarantee for perfect accuracy . . . because it offers you the widest selection of models (each designed for your specialized needs) . . . because it is durably constructed for a lifetime of constant use . . . the Baumanometer is the sensible, logical choice for economical standardization throughout the hospital.

Your nearby Baumanometer dealer will be glad to show you the many fine points of craftsmanship that have established the Baumanometer as the world standard for bloodpressure.

... everyone respects  
the pursuit of accuracy  
... use the Baumanometer®

**W. A. BAUM CO. INC.**  
Copiague, Long Island, New York

S.A. 1921

## READER OPINION

### Who Said That?

Sirs:

In reading the September issue of *The Modern Hospital*, I was particularly interested in the report of the discussion at the A.H.A. convention meetings about accreditation of schools of nursing. Is it possible that a member of the N.L.N. staff made to a reporter the comment credited to her on page 56 of the magazine? It seems incredible that *any* member of the League could make such a remark to anyone—and least of all to a member of the press. But before I make any denials, I want to be sure of the facts.

I feel very strongly that, in the last analysis, hospital administrators, doctors and nurses are all working toward one common goal—that of providing the best possible care for sick patients. Each of these groups of people is confronted with its own problems as it works with the other groups. Each group is dependent on the other two. If *any one* of the groups were eliminated (an idea which at times must seem appealing!) the remaining groups would be ineffective. Therefore, it seems to me essential that each group do its utmost, through its official organizations and publications, to foster appreciation and understanding of the individual problems of its co-workers, and to strive for the solution of mutual problems.

Ruth P. Ogden  
Schenectady, N.Y.

### Nobody's Talking!

Sirs:

I have read the article in *The Modern Hospital* to which Miss Ogden refers in her letter. I was not at the A.H.A. House of Delegates meeting, but several of the N.L.N. staff were there including Marion Sheahan, our deputy director. They assure me that the comment credited to a League staff member was not made before the House of Delegates.

We are committed by our membership through the N.L.N. constitution and by-laws to work for improvement of nursing education in diploma

\*The reference made by an N.L.N. staff member commenting on a nurse who spoke at the session was: "Diploma school graduate—you can tell them every time!"

schools and, in evidence, the Department of Diploma and Associate Degree Programs is an important part of our structure. Whatever conversation may have taken place between the reporter for *The Modern Hospital* and a League staff member, we feel confident that no one of the staff would purposely discredit the diploma school or act contrary to our board and membership policy.

You can imagine there was a good deal of excited chattering by small groups following the delegates meeting. It is obvious that the reporter was doing a tongue-in-cheek type of reporting as indicated by the blurb in the title, "... reasonably accurate and occasionally irreverent." Miss Sheahan tells me that the report of the House of Delegates meeting is certainly "reasonably accurate." We have no way of knowing the conversations following the closing of the session.

Inez Haynes  
General Director  
National League for Nursing  
New York

### They Do Want Samples

Sirs:

I read with much interest Mrs. Huddleson's review of the recent A.D.A. convention in Los Angeles.

I was quite disturbed, however, at the statement made by the male dietitian, Paul S. Damazo. In stressing the advantage of having the dietitian do the food purchasing—instead of the purchasing agent—he said the purchasing agent is not interested in getting samples before buying.

Mr. Damazo is quite a bit behind the times in his thinking. I have attended many purchasing institutes around the country and I am sure there is no foundation for Mr. Damazo's statement. In my own lectures to groups I have always stressed the importance of obtaining food samples by the purchasing agent, and also the need for close cooperation between the dietary and purchasing departments in the testing of samples and final selection.

Earl C. Wolf  
Consultant  
Institution Business Practices  
Lauderdale-by-the-Sea, Fla.



*for the first time*

## CONVENIENCE AND ECONOMY

*in parenteral broad-spectrum  
antibiotic therapy*

New, preconstituted

## TERRAMYCIN<sup>®</sup> brand of tetracycline INTRAMUSCULAR SOLUTION

**SAVE TIME** — Ready-to-inject Terramycin Intramuscular Solution eliminates steps necessary in constituting dry formulations.

**SAVE WASTE** — Stable Terramycin Intramuscular Solution eliminates the discarding of material because of poor stability.

**SAVE DOLLARS** — New Terramycin Intramuscular Solution is economical broad-spectrum antibiotic therapy.

The unsurpassed record of clinical effectiveness and safety established for Terramycin is your guide to successful antibiotic therapy.

Complete information on Terramycin Intramuscular Solution is available from your Pfizer Representative or the Medical Department, Pfizer Laboratories.

**SUPPLY:** Terramycin Intramuscular Solution<sup>®</sup> —  
100 mg./2 cc. ampule  
250 mg./2 cc. ampule

**Pfizer** Science for the world's well-being<sup>™</sup>

### PFIZER LABORATORIES

Division, Chas. Pfizer & Co., Inc., Brooklyn 6, N. Y.

<sup>®</sup>Contains 2% Xylocaine<sup>®</sup> (lidocaine), trademark of Astra Pharmaceutical Products, Inc.



**to know  
WHO'S  
IN...  
large hospitals  
with many doctors  
and many entrances  
need**

**Auth**  
SINCE 1932

**"Dial-IN"**

**Doctors'  
IN-OUT Systems**

Small Dial-Registers make every entrance a convenient check-in point. Eliminates all space problems, minimizes installation expense, simplifies expansion. Ideal for new or existing hospitals.



**DOCTOR ARRIVES OR LEAVES**  
Using any convenient entrance, he dials his code number and presses IN or OUT button on small Dial-Register. That's all!



**IS DOCTOR IN?**  
To find out, operator dials his number on small IN-FORMER. Light signal tells her instantly if doctor is in or out.

**Auth** ELECTRIC CO., Inc.  
Mail Coupon For Complete Details

**AUTH ELECTRIC CO., Inc. Dept. M-12  
Long Island City 1, N. Y.**

☐ Please send complete details on the AUTH "Dial-In" System.

☐ Put my name on your mailing list.

Name..... Title.....

Address.....

City..... Zone..... State.....

## Public Relations

# Warming Up the Cold Coffee Is Public Relations Task, Too

By Gordon Davis

EVERY now and then someone trots out the definition which describes public relations as the process of "doing good and then telling about it." Under certain circumstances, this definition is all right. I've used it myself.

But in serious consideration of the public relations function, it can be a misleading oversimplification. There is a significant difference between this facile statement and the more knowledgeable description of public relations as "enlightened conduct, adequately interpreted."

The latter puts public relations in the workaday environment where it properly belongs.

These observations are pertinent to much that happens in the hospital field. Many of our hospital public relations programs are directed principally at telling people how good hospitals are, how progressive, how deftly they dispense the services essential to restoration of good health.

This is obviously necessary.

In the long run, however, the public relations endeavor that does not go far beyond the public display of self-esteem is destined for trouble. The people want to know much more about their hospitals than the fact that they are "doing good." They want to know specifically that hospital management is truly enlightened, and the conveying of this knowledge calls not merely for statement but for clear demonstration plus thoughtful interpretation.

In other words, it takes more doing than telling.

To cite a simple example, one of our large metropolitan hospitals gives each patient a copy of an attractive informational booklet which was developed with considerable effort and at not a little expense. A goodly number of the patients remain unimpressed. Their comments about the hospital are often inclined toward the sarcastic, some of them suggesting that, among other things, no one ever got anything but tepid coffee as long as they were in the place.

By contrast, a similar hospital in another city surveyed patient attitudes, found something less than enthusiasm regarding its coffee, sent its dietitian in person to leading coffee wholesalers for advice, overhauled its coffee preparation and service in consequence.

At the same time, it used its employe publication, patient leaflets, even a short release to the newspapers, to tell how hard it was working to develop the best coffee possible. The result has been employe pride and patient enthusiasm such as would gladden the heart of the most meticulous restaurateur.

Few public relations problems are this simple. But the principle is the same. Good public relations is not solely an assertion of superiority. It is conduct based on the most diligent effort to satisfy the consumer, interpreted in terms that the consumer can understand.

Good public relations tries to ferret out complaints, investigates to determine whether or not the causes can be eliminated, takes remedial action where possible, and thoroughly explains management's conduct in any case.

This is what is meant by "enlightened conduct, adequately interpreted." If followed to the letter, it is a recipe that never fails.



Gordon Davis

## EVEN IN "SEEMINGLY HOPELESS CASES" INVOLVING "HOSPITAL STAPH"...

"It would appear, therefore, that from this limited experience with 17 desperately ill patients, parenteral novobiocin [Albamycin] is therapeutically effective and offers a reasonable expectation of a favorable response even in seemingly hopeless cases."

Garry, M. W.: *Am. J. M. Sc.* 236:330 (Sept.) 1958.

"Staphylococcal sepsis, particularly as it appears within the hospital environment, continues to represent a serious and difficult therapeutic problem. . . . It would appear that novobiocin [Albamycin], like other broad-spectrum antimicro-

bial agents, will be of clinical value in a certain number of staphylococcal infections."

Cobble, J. M.; Gale, H. H.; Cox, F., and Quinn, E. L.: *Antibiotics Annual 1957-1958*, p. 920.

The use of Albamycin has not been accompanied by systemic toxicity — renal, hepatic, or hematopoietic. Side effects (such as skin rash) have been minor in nature, and those that do occur are easily managed.<sup>1,2</sup>

1. Garry, M. W., *op. cit.* 2. Editorial, *New England J. Med.* 261:152 (July 16) 1959. 3. Nunn, D. R., and Parker, E. F.: *Am. Surgeon* 24:361 (May) 1958.

**Upjohn**

THE UPJOHN COMPANY  
KALAMAZOO, MICHIGAN

# ALBAMYCIN\*



TRADEMARK, REG. U. S. PAT. OFF. — THE UPJOHN BRAND OF CRYSTALLINE NOVOBIOICIN SODIUM

ARE YOU  
ACHIEVING  
TRUE COLD  
STERILIZATION?

**WAREXIN<sup>\*</sup>**

IS LETHAL TO—**FUNGI, BACTERIA, VIRUSES, RESISTANT SPORES**—IN LESS THAN 1 HOUR—AND YET IS NON-TOXIC!



**\*WAREXIN: Clorpactin<sup>®</sup>** (a group of hypochlorous derivatives) to which buffers have been added for stability.

# PREVENT CROSS-INFECTION!

Sterilize with **WAREXIN**

Can **safely** be used for:

1. All instruments made of stainless steel or other widely used corrosion-resistant alloys — even fine stainless hypodermic needles.
2. Articles made of rubber, plastic, non-porous fibers, glass, porcelain, enamel.
3. Complex equipment such as anaesthesia apparatus, heart-lung machines, artificial kidneys, etc.
4. Containers such as colostomy bags, urinals, air filters.
5. Special surfaces: hospital and laboratory walls, floors, tables.

## MIX WITH ORDINARY TAP WATER

Because Warexin concentrate is a *true* Cold Sterilizing Agent, it is unnecessary to use distilled water. Just add 1 level measure to each quart of tap water. Warexin solution gives you effective kill in 1 hour or less.

**ECONOMICAL!** A 5 oz. bottle makes 12-16 quarts of solution. Cost: approximately 27¢ a quart!



**DAVOL** **RUBBER COMPANY**  
PROVIDENCE 2, R. I.

Lattimer, John K., and Spirito, A. L.: Clorpactin for Tuberculosis cystitis: Instrument sterilization, *Journ. of Urology*, Vol. 73, No. 6, June, 1955. • Wolinsky, E., Smith, M. M. and Steenken, Wm. Jr., Tuberculocidal Activity of Clorpactin. A New Chlorine Compound, *Antibiotic Medicine*, 1:382-384, July, 1955. • Sanders, Murray and Soret, M. G.: Virucidal activity of WCS-90, *Antibiotics and Chemotherapy*, Vol. V, No. 11, Nov. 1955. • Gliedman, M. L., Lt. (MC) USNR, Grant, R. N. Capt. (MC) USN, Vestal, B.L., B.S., and Karlson, K. E., M.D.; Impromptu Bowel Cleansing and Sterilization, *Surgery*, 43:282-287. • From The Textbook, Extracorporeal Circulation, Edited by Dr. J. Garrott Allen, Page 87; Charles C. Thomas, Publisher.



# New **SEPTISOL**

## **3 dimensional procedure**

*provides quick  
effective skin  
degerming that  
lasts indefinitely  
without fear  
of skin  
irritation*



High bacterial level on skin of person with no previous exposure to hexachlorophene washing, or whose exposure has lapsed for 24 hours or more.



**Tincture  
SEPTISOL**

1st Exposure—  
3 Minute Scrub—  
No brush. Immediate reduction of all bacteria to low level up to 95%.

**VESTAL, INC.**  
PHARMACEUTICAL DIVISION  
4963 Manchester Ave., St. Louis 10, Mo.

JERSEY CITY, NEW JERSEY  
MODESTO, CALIFORNIA



With the New

## SEPTISOL

### 3-dimensional procedure,

scrubbing time is greatly reduced, effectiveness is increased and the entire method of antiseptic skin preparation is MODERNIZED.

#### 1st DIMENSION (Fast, effective skin degerming)

Tincture SEPTISOL (SEPTISOL diluted with 2 parts alcohol) combines the rapid killing power of alcohol, for immediate bacteria reduction, with the residual antibacterial activity of hexachlorophene, deposited in the deep layers of the skin to curb the regeneration of bacteria.

With Tincture SEPTISOL a person with no previous exposure to hexachlorophene may obtain, IN JUST 3 MINUTES OF SCRUBBING (no brush), a bacterial reduction otherwise attainable only in two or more consecutive days using an aqueous hexachlorophene detergent.

Tincture SEPTISOL is recommended for all emergency scrubs, all preoperative patient skin preparation, anyone with no previous exposure to hexachlorophene, whenever washing with hexachlorophene has lapsed for more than 24 hours.

#### 2nd DIMENSION (Routine skin degerming)

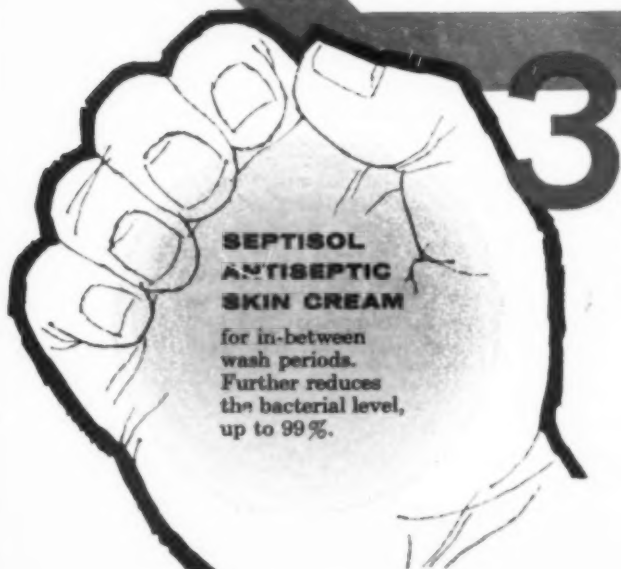
REGULAR AQUEOUS SEPTISOL (SEPTISOL diluted with 2 parts water) gives effective residual antibacterial activity, high detergency cleansing action plus won't irritate normal skin. After the complete degerming of the skin has been accomplished by the 1st SEPTISOL Dimension, the routine daily use of REGULAR AQUEOUS SEPTISOL will build-up and maintain the hexachlorophene protection to curb the regrowth of disease causing skin bacteria. REGULAR AQUEOUS SEPTISOL is recommended for: the surgical scrub where there has been exposure to hexachlorophene within 24 hours. Scrub between glove changes, post-operative wash of surgical team and patient, and all regular hand washing by all personnel.

#### 3rd DIMENSION (In-between wash periods)

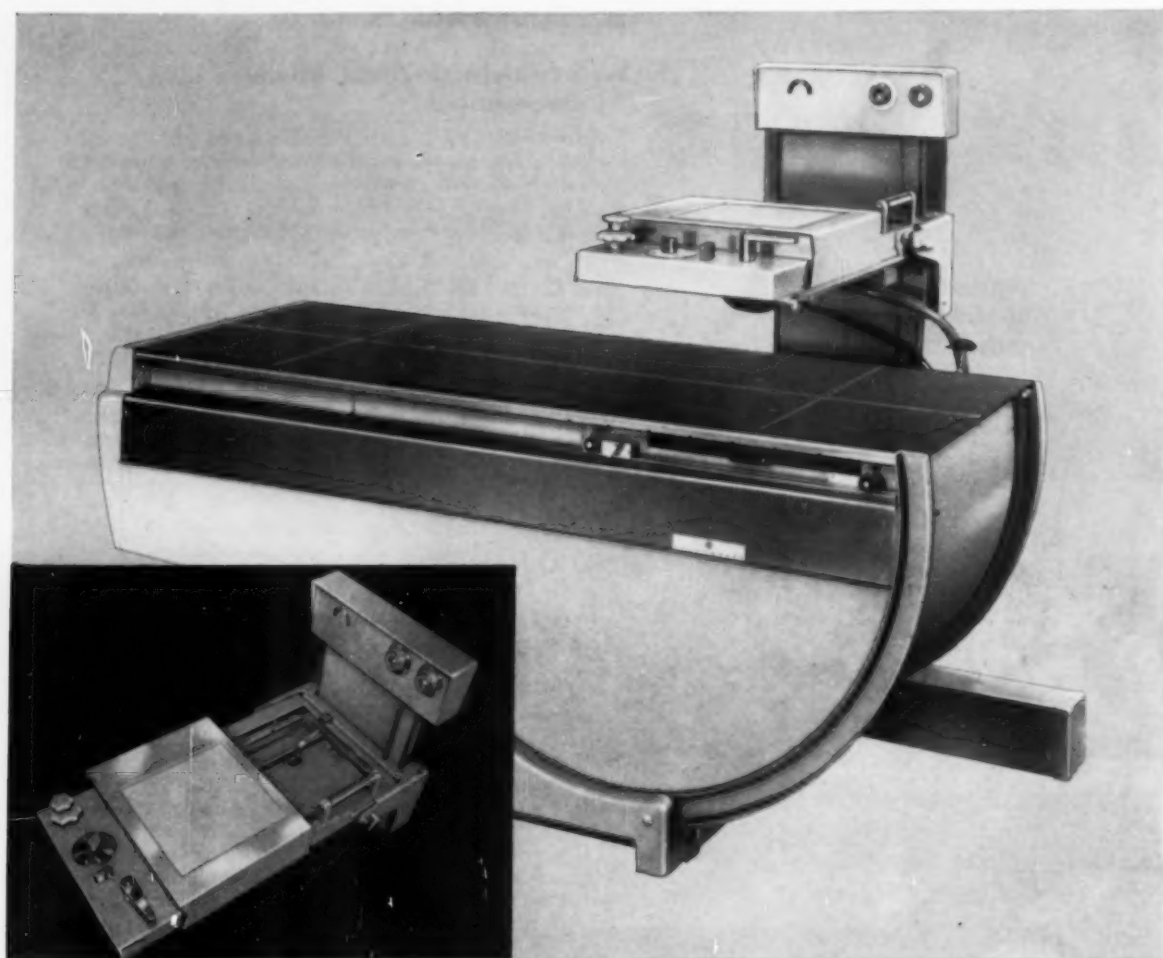
SEPTISOL ANTISEPTIC SKIN CREAM:—Ideal for periods between washes, after hours, weekends, etc., to maintain the high degree of hexachlorophene protection. Keeps skin feeling fresh and clean. Adds additional hexachlorophene protection with each use. Prevents dryness and skin irritation. Excellent for infant skin lubrication and protection. Treats pyogenic skin infections. A wonderfully soothing massage to prevent patient bed sores.

**Try the NEW SEPTISOL 3-DIMENSION procedure in your hospital.**

Write to VESTAL, Inc. for free new SEPTISOL booklet  
4963 Manchester Ave., St. Louis 10, Missouri



# Now—100% automatic x-ray spot-filming in the improved Aristocrat II



Advantages every radiologist will appreciate! The new Aristocrat spot-film unit has gone automatic *in every way*... in cassette transfer... phototiming\*... and film sequencing. "Knows" what you want through each step in fluoroscopy. Lets you select reciprocating or stationary spot-film grids in grid ratio you want... grids are easily interchangeable.\* Even change fluoroscopic kv any time by direct control at screen side!\* "Pop-up" cassette ejection tops everything for trouble-free cassette changing. Accepts both molded-rubber and current model metal frame cassettes—8x10 in either direction... 10x12 lengthwise of table.

There's much more to the improved General Electric Aristocrat: A new flush top that minimizes bothersome barium traps... cleans edge to edge with the swipe of a cloth. Table angulation smooth and fast... with automatic stop at horizontal. Plus automatic shutter limiter and fully enclosed table. And the Aristocrat offers today's most complete selection of tube supports, including the remarkable new "disappearing cable" G-E overhead tube hanger. It's truly radiology's *biggest value* in diagnostic x-ray.

Ask your G-E representative for full details on the new Aristocrat. Or just write X-Ray Department, General Electric Company, Milwaukee 1, Wisconsin, Room H-121.

\*Optional

*Progress Is Our Most Important Product*

**GENERAL  ELECTRIC**

# WHY are leading Hospital Officials so excited about American's new DYNA★PAK

# ?

*"...fast,  
easy  
to use."*

*"...maintenance  
a snap."*

*"...recommend  
it highly."*

*"...a  
beautiful  
ironing job."*

*"...a wise,  
profitable  
investment."*

*"...exceptional  
heat  
transfer."*

# ONLY DYNA★PAK

has

## SEALED POWER



American's exclusive Sealed Power Unit is a unique combination of air and hydraulics that makes the Dyna-Pak the fastest, smoothest operating laundry press on the market today!

Here's why:

*Sealed Power guarantees high, uniform pressure, without adjustments*

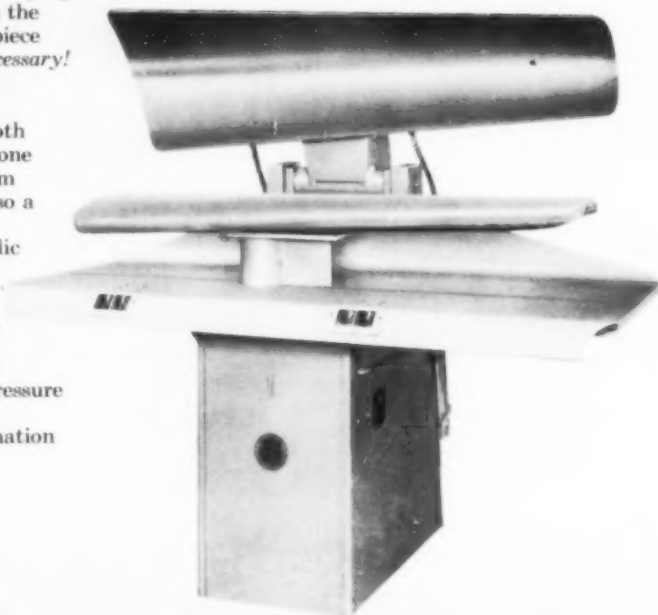
Power Unit automatically compensates for varying thicknesses of garments and padding, exerts the same high ironing pressure on every single piece of work. *No pressure adjustments are ever necessary!*

*Sealed Power means fast, smooth head action*

In head closing, fast initial movement, smooth snubbing and full pressure are combined in one continuous sequence. The return of head from pressure through snubbing to full open is also a fast, uninterrupted movement. Simple needle-valve adjustment, in integral hydraulic snubber, assures smooth snubbing for both opening and closing head.

*Sealed Power Unit is self-contained, leak-proof*

The hydraulic cylinder in the Power Unit is completely sealed. Absence of external high-pressure hydraulic connections eliminates costly, troublesome oil leaks and prevents contamination of hydraulic fluid by dust or lint.

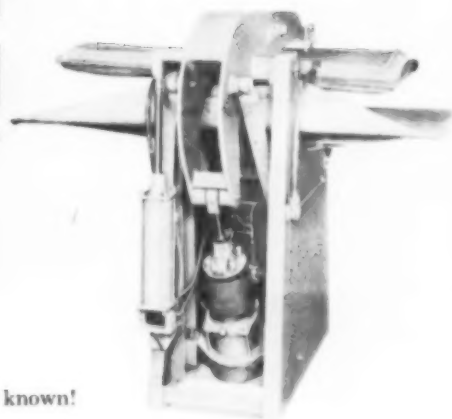




# ONLY DYNA-PAK

has

## SIMPLE DESIGN



Unusual simplicity of design makes the Dyna-Pak the fastest, most efficient, easiest-to-operate and easiest-to-maintain laundry press the industry has ever known!

Here's why:

*Simple Design means fewer working parts, easy accessibility*

Fewer parts mean fewer things to lubricate, adjust or replace, and the new Dyna-Pak has up to 400 fewer parts than any other laundry press now on the market.

Sealed Power eliminates toggles, cams, levers and pivots. The only mechanical operating parts are the Yoke, Head-Closing Cylinder and Sealed Power Unit.

Controls, valves and lubricating points are all readily accessible, and there are only nine lubricating points (7 grease, 2 oil) on the entire Press. The simple air circuit is easily followed for checking air lines and connections.

*Simple Design includes unique "Floating" Head*

A universal ball-joint mounting causes ironing head to automatically adjust itself to compensate for different thicknesses of garments and varying conditions of padding on the buck. The "floating" head applies uniform high pressure over the entire surface of each garment to produce an exceptionally fine-quality finish.

*Simple Design incorporates Sliding-Type Master Control Valve*

Mounted right on the front of the Sealed Power Unit to control admission of air to the Pneumatic Cylinder, the Master Control Valve has no discs, seats or holders to replace or adjust and is not critical to wear, shock or deterioration.

American's new Dyna-Pak Press is available in a wide range of models for finishing all types of laundered apparel including shirts, coats, pants, gowns and uniforms. Dyna-Pak Presses can also be furnished in various combinations of models to form job-balanced, high-production units for any specific requirements.

See for yourself why the revolutionary new Dyna-Pak, featuring Sealed Power and Simple Design, is the most exciting laundry press development in years! Have your nearby American representative arrange a demonstration soon, or mail the coupon for Dyna-Pak Catalog.



You get more from

**American**

THE AMERICAN LAUNDRY MACHINERY  
COMPANY  
CINCINNATI 12, OHIO

ALM 661

SEND CATALOG AK 230-002 ON THE NEW  
DYNA-PAK LAUNDRY PRESS.

NAME \_\_\_\_\_  
CARE OF \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ZONE \_\_\_\_\_ STATE \_\_\_\_\_

# You know they'll

Puritan pioneered quick-connect station outlets for hospitals...and more than ten years of continuous, rugged service have proved their ability to provide dependable service under the most exacting conditions and requirements.

When a customer buys from Puritan, he not only receives the item itself... he also receives close to half a century of Puritan skill, know-how, and experience.

**P**uritan



COMPRESSED GAS CORPORATION  
SINCE 1913

KANSAS CITY 8, MO.

PRODUCERS OF MEDICAL GASES AND GAS THERAPY EQUIPMENT

Represented in the Far West by  
BENNETT RESPIRATION PRODUCTS, INC.  
2230 S. Barrington Los Angeles 64, Calif.  
A Subsidiary of Puritan Compressed Gas Corp.



# PERFORM...

## *better, longer*



*Battle bacteria on all hospital fronts with . . .*

# SWIFT'S ANTI-

*For All Cleaning . . .*

## **Hercules K-S-A** (LIQUID CONCENTRATE)

*A synthetic detergent combined with cleansing components and a powerful germicide to combat staphylococcus aureus on floors, walls, equipment, etc.*



### **ADVANTAGES:**

*Economical.* Concentrate form promotes low use cost. Use only ounces to the gallon of water.

*Saves Time,* insures protection. Reduces scrubbing and anti-bacterial action to *one* operation.

*Penetrating.* Synthetic detergent base is excellent wetting agent to cut through dirt thoroughly, quickly.

*Multi-purpose.* Can be used on any surface that is safe to water.

*Contains no volatiles,* caustics, strong antiseptics or agents that can cause fabric damage.

*Leaves no soap film.*

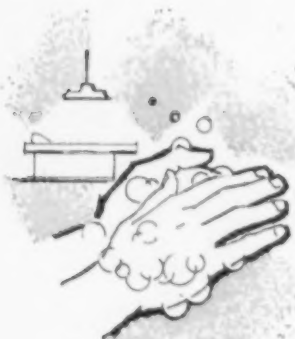
### **RESULTS:**

*Residual action.* Controlled laboratory tests using 8 strains of pathogenic SA show that floor tiles washed with Hercules KSA produced a residual sufficient to kill organisms after two washings. Extension of this test revealed effectiveness of building up a bactericidal concentration—even when subjected to the most *thorough* mechanical removal methods.

*For Pre- and Post-op  
Personal Wash and Scrubbing . . .*

## **Lexard**

*Germicidal soaps for patients and personnel to combat bacteria on the skin.*



### **LEXARD BAR**

A superfatted milled toilet soap. Contains 2% hexachlorophene to reduce and maintain bacterial flora at consistent low level. Special superfat formula promotes measurably greater degerming power than soap with hexachlorophene alone. It also acts as a skin emollient.

### **LEXARD LIQUID**

A vegetable oil soap containing 2% hexachlorophene. Anhydrous soap—.23% of contents. Meets USP specifications. For use without dilution. Excellent for postoperative cleansing. Repeated use produces bacteriostatic film.

### **LEXARD LIQUID CONCENTRATE (SR)**

A vegetable oil soap containing 8% hexachlorophene based on anhydrous soap or 2.9% of total contents. Especially formulated to meet published\* optimum for *preoperative scrubbing*. A truly *economical* product as it attains this optimum when cut 3 to 1. High bactericidal action helps cut scrubbing and rinse time. Kind to skin. Emollients added. Average pH of 8.9.

Excellent for *preoperative preparation* when used 24 hours before and just before surgery.

\*Write for reference.

# STAPH PROGRAM

*In the Laundry . .*

## ENSTAPH

*A complete germicidal laundry soap including an antibacterial agent to control staphylococcus aureus while fabrics are in use.*



SEND FOR TRIAL QUANTITIES  
Tests under your own conditions  
will prove the superiority of Swift's  
germicidal products. Return the  
coupon for details.

### ADVANTAGES:

- *Is Substantive to Fabrics* to provide lasting protection.
- *Easy and Economical* to use because germicide is built-in. Use cost is reduced. No special formulas, additives or procedures required.
- *Additional Protection.* Anti-bacterial compound in *Enstaph* has a wide range of bacteria kill including *Escherichia coli*, *Porteus*, *Aerobacter*, *Aerogenes* and *Alkaligenes*.

### RESULTS:

*Incubation tests.* After being washed with *Enstaph*, test cloths inoculated with massive amounts of known staph strains are incubated. Reduction of bacteria indicated excellent anti-bacterial effect.

*Contact Zone of Inhibition.* FDA #209 culture and wild staph strains were used. Result: Excellent anti-bacterial activity.

*Stability tests* show that dry storage of fabrics does not reduce anti-staph activity of *Enstaph* germicide.

*Toxicity.* Patch tests of highly concentrated active materials from *Enstaph* show no dermatological irritation.



Please send details  
on a trial order of the  
following:

- ☐ ENSTAPH  
☐ HERCULES KSA  
LEXARD:  
☐ Bar ☐ Liquid  
☐ Liquid  
Concentrate (BR)

SWIFT & COMPANY, Soap Department  
4115 Packers Ave.  
Chicago 9, Illinois

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zone \_\_\_\_\_ State \_\_\_\_\_

Your Name \_\_\_\_\_



# "No costly linen inventory is the main reason we recommend Linen Supply Service for Hospitals"

Mr. John W. Hay, president,  
American Hospital Management Corporation

of Los Angeles



New million dollar Southern California Dental Hospital now nearing completion. Managed by the American Hospital Management Corporation. Linen Supply Service by Community Linen Rental Service, Los Angeles.

"We have always recommended Linen Supply Service for the more than 50 hospitals where we have acted in a management or consultant capacity, and we will continue to do so. Our experience has consistently shown that the small cost involved is well worth the advantage of not having to maintain a linen inventory *which usually must be replaced every year*. Linen Supply also eliminates the many maintenance and personnel problems associated with hospital laundries." • Washable cotton uniforms, gowns, sheets . . . everything your hospital needs, supplied where and when you need it. Monies tied up in linen inventory and hospital equipment is freed for other uses. These are just a few of the benefits available to you through your local linen supplier. He is a specialist in service, and in the hygienic laundering of linens for hospitals. Find out how he can solve your many linen problems. Call your local linen supplier, today.

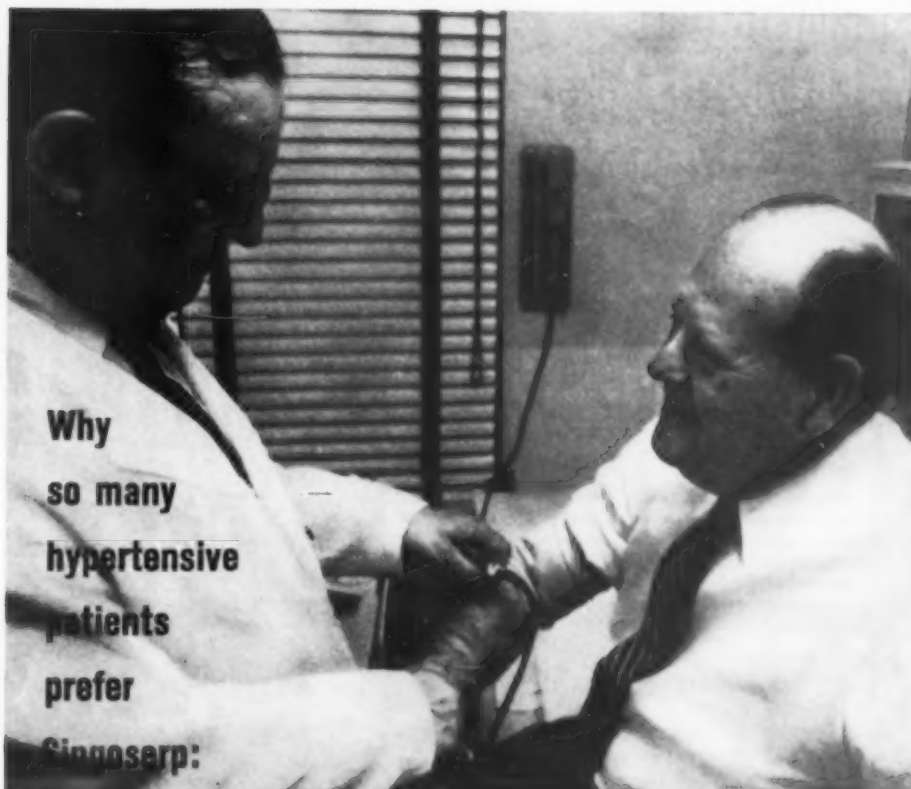


Look in the Yellow Pages under Linen or Towel Supply.

**Note:** No investment, no maintenance, no inventory. Everything is furnished and serviced by your local linen supplier, at low cost.

## Linen Supply Association of America

and National Cotton Council • 22 West Monroe Street, Chicago 3, Illinois



**Why  
so many  
hypertensive  
patients  
prefer  
Singoserp:**

## **It spares them from the usual rauwolfia side effects**

FOR EXAMPLE: "A clinical study made of syrosingopine (Singoserp) therapy in 77 ambulant patients with essential hypertension demonstrated this agent to be effective in reducing hypertension, although the daily dosage required is higher than that of reserpine. Severe side-effects are infrequent, and this attribute of syrosingopine is its chief advantage over other Rauwolfia preparations. The drug appears useful in the management of patients with essential hypertension."\*

\*Herrmann, G. R., Vogelpohl, E. B., Hejtmancik, M. R., and Wright, J. C: J.A.M.A. 169:1609 (April 4) 1959.



# **Singoserp**

(syrosingopine CIBA)

**First drug to try in new hypertensive patients**

**First drug to add in hypertensive patients already on medication**

SUPPLIED: Singoserp Tablets, 1 mg. (white, scored); bottles of 100. Samples available on request. Write to CIBA, Box 277, Summit, N. J.



8/20074K

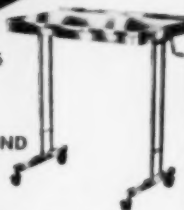
# THE SHAMPAINE "SURGICAL TEAM"

Featuring SURG-A-MATIC with its  
fast-expanding line of new  
accessories and other  
specialties

S-3646

## ADJUSTABLE TABLE FOR ORTHOPEDIC AND NEURO- SURGERY INSTRUMENTS

Rolls over operating table. Places instruments near site for neurosurgery, orthopedic, cranial, facial or neck surgery. Fingertip gear operation adjusts table from 45" to 57" height.



## SHAMPAINE SURG-A-MATIC® S-1501 The table of tomorrow here today.

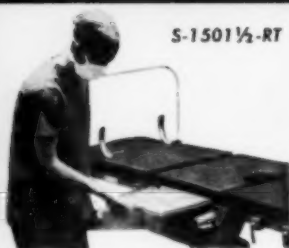
Complete head-end control. Push-button shift selects all positions. No visual attention required.



DONALD DESKEY ASSOC.  
Design Consultants

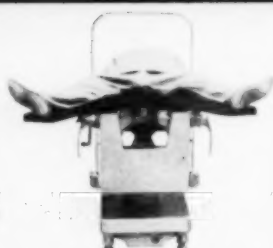
Entire table U. L.  
approved for  
class "I" group  
"C" atmosphere.

S-1501 1/2-RT



## X-RAY PERMEABLE TOP FITS ALL SECTIONS

Cassette inserted from either side, head end, foot end, seat section—for high speed roentgenography during surgery.



## SPLIT LEG SECTION

S-1576-A—converts SURG-A-MATIC into ideal table for vein stripping, light cast work and other procedures requiring abduction of lower extremities.



## TWO NEW ARM BOARDS

S-1576-W—quick-acting, snap-on socket controls height and lateral adjustment. Adjustable length accommodates any arm.  
S-1576-L—fits in fast-acting side rail clamp... fingertip control of radial adjustment.

S-3667

## CADDY CART

28" x 19 1/2" x 34" high. Trays: 24" x 14" x 2 1/4" deep. Stores OR table accessories when not in use. Removable trays for insertion in Autoclave.



## ADJUSTABLE LITHOTOMY LEG HOLDER

S-1579-J—assures correct positioning and access to patient at all times. Telescoping height adjustment. Quick-acting sockets for adjustment to any position without removing legs from straps.



WRITE FOR NEW 20-PAGE SURG-A-MATIC BROCHURE

**Shampaine**

1920 S. JEFFERSON • ST. LOUIS, MISSOURI

a SHAMPAINE Industry



S-3631-A

RECTANGULAR KICK-ABOUT  
24" x 13 1/4" x 12 3/4" high.  
Basin: 20 3/4" x 12 3/4" x 4 1/8" deep. Capacity: 14 1/2 quarts. Fits over base of any table. Toe room assured when used anywhere in operating room.



# Shampaine Electric SUPER-MEALCART DELIVERS "DINING CAR" LUXURY AND EFFICIENCY

The true centralized  
tray service system

## EFFICIENCY FOR YOU

1. Unobstructed, counter-height set-up area with exclusive "step-down" feature. Takes trays up to 15½" x 20½".
2. Refrigerated tray compartments... cold items on trays ready to go. Slides easily removed to clean compartments. 3¼" between slides allows space for ½ PINT MILK CARTONS.
3. Heated drawers (185°)... each holds three 9" plates, three 5½" plates with hot foods ready for trays. Room for three cups, too. **Only method that guarantees hot coffee.**
4. Holdover refrigeration system maintains low temperature for two hours without current. **No blowers to dry out and wilt food!**
5. Available in 20- and 24-meal sizes.
6. All stainless steel, double-walled, fully insulated. Recessed doors on piano hinges with exclusive "Easy Seal" Latches.
7. **REMOVABLE BEVERAGE BAR.** Insulated wells for hot and cold drinks and soups. Use separately on utility truck for between-meal servings or in doctors' lounge (see below).



**NEW! "EASY-SEAL" LATCHES.** Slam the doors or touch them with your finger tips... they close easy, seal tight every time. Latch has only three working parts.

## LUXURY FOR PATIENTS

It pleases patients with "little" things that mean so much: pre-heated coffee cups; choice of beverages and soups (hot or cold); crisp salads; cold desserts... to match piping hot meats and vegetables. **NO COMPLAINTS ABOUT "INSTITUTIONAL" FOOD!**



**Shampaine**  
ELECTRIC CO.

615 E. First Avenue • Roselle, New Jersey  
A DIVISION OF SHAMPAIN INDUSTRIES, INC.

First from American

New ideas,  
new products  
for  
physical  
therapy...

through one service expert!

American representatives understand the needs of the physical therapist. They offer valuable experience and expert counsel in every hospital area . . . and the widest, most complete selection of products and services in the field. You can rely on American's reputation for quality and for prompt, dependable delivery. Your man from American is dedicated to your hospital's best interests . . . call him with confidence.



George Dick  
of Little Rock, Arkansas,  
American Representative  
in our Dallas Region.

*The First Name  
in Hospital Supplies*

# AMERICAN

2020 RIDGE AVE., EVANSTON, ILLINOIS

Regional Offices: Atlanta • Chicago • Columbus • Boston





# Hospital Supply Corporation

Dallas • Kansas City • Los Angeles • Minneapolis • New York • San Francisco • Washington



**TRINIDAD**, BY HARVEY SCHMIDT (opposite page) is available in a handsome, wide-margin print. Write Professional Services, Abbott Laboratories, North Chicago, Illinois.



#### IN TRINIDAD, TOO, PENTOTHAL SERVES

Trinidad is a happy island, its tropical air often ringing with the sound of steel-drum bands and the cries of the brightly costumed limbo dancers. And here, as wherever modern medicine is practiced, you'll find Pentothal in almost constant use. Clinicians in Trinidad like Pentothal's impressive record of safety, its ease and simplicity of use and its versatility in nearly every known surgical situation. Truly, to know intravenous anesthesia is to know Pentothal—a drug of choice the world over.



**PENTOTHAL<sup>®</sup> SODIUM**  
(Thiopental Sodium for Injection, Abbott)

*the intravenous anesthetic used in more than 75 countries of the world*

W11160





**MAN O' WAR**—famous symbol of reliability in action. For a wide-margin print of this Franklyn Webber painting, write Professional Services, Abbott, North Chicago, Ill.

## RELIABILITY IN ACTION

Parenteral administration equipment? You'll always find exactly the right item for every purpose in Abbott's growing line. You can now choose from 14 versions alone of Abbott venoclysis equipment, each fitted to some specific need of your hospital.

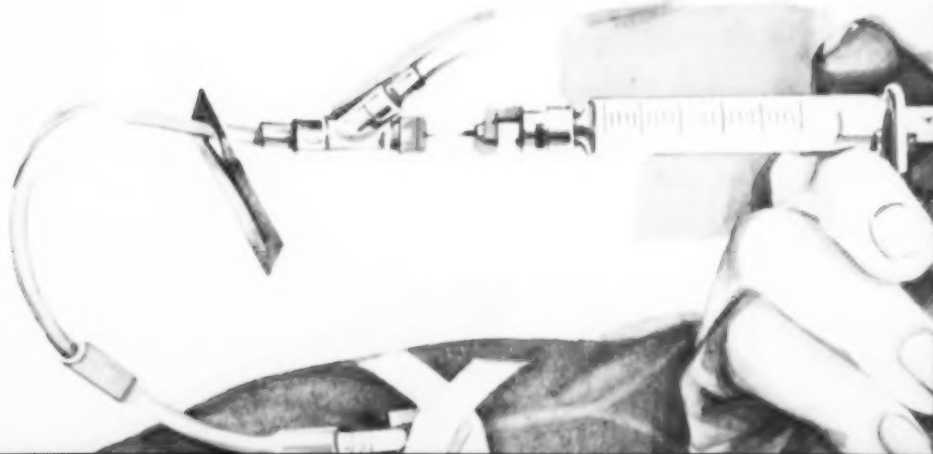
For example, consider the new **SURGICAL VENOPAK®** at right. 78 inches long and with three injection sites, this venoclysis set now provides the added length and extra sites so much needed in surgery. The sites include two resealing stubs spaced for interconnecting other infusion equipment when desired, and a gummed rubber site for multiple injections.

But get acquainted with the entire line of Abbott equipment. Your Abbott hospital service representative will be glad to demonstrate.

## ABBOTT PARENTERALS SOLUTIONS AND EQUIPMENT



© 1978, ABBOTT LABORATORIES, NORTH CHICAGO, ILL. 60062









Howard Whipple





**guaranteed  
sterile**

Packages for Johnson & Johnson sterile hospital dressings are sealed by an exclusive research-designed process that actually welds paper together. No weak spots — no channels for bacteria to enter. Patient-Ready dressings stay sterile until you break the seal!

## **Patient-Ready dressings**

**ACHIEVED** through research

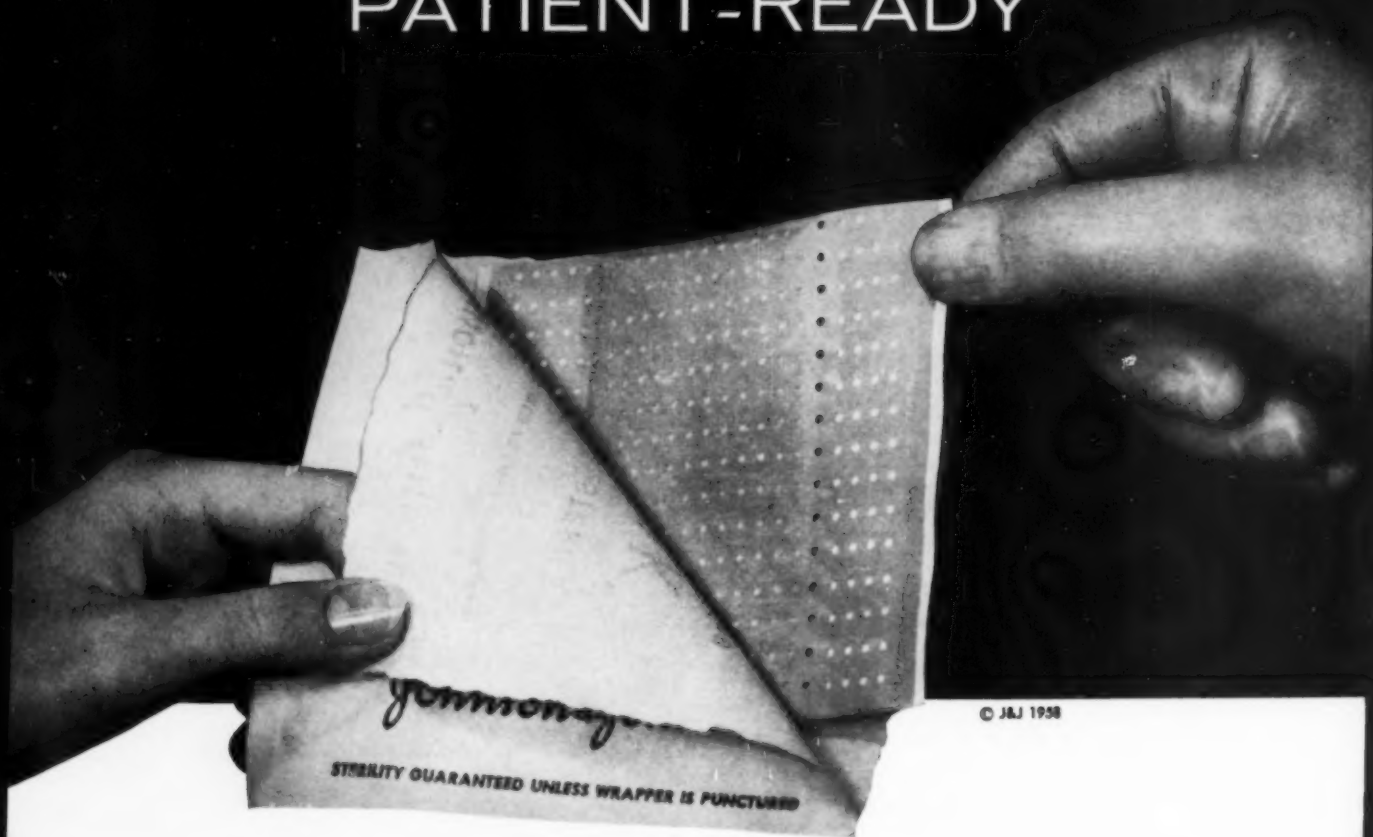
**PACKAGED** by modern equipment

**STERILIZED** with advanced techniques

**MAINTAINED** by continuous testing

*Johnson & Johnson*

PRE-WRAPPED,  
STERILE,  
PATIENT-READY



**Steripak® Non-Adhering Dressing**

- *A unique dressing for minimal drainage wounds.*
- *Absorbent pad, faced with non-adhering perforated film.*
- *Super-Stick adhesive, vented for maximum aeration, holds dressing firmly in place.*

THE MOST TRUSTED NAME IN STERILE SURGICAL DRESSINGS

**Johnson & Johnson**



LOOK for new ways to prevent cross infection



## RADICALLY DIFFERENT TECHNIQUE

It's the new wet vacuum pick-up technique with fast, nonselective WESCODYNE. In two quick steps the bacterial population on floors is reduced to extreme lows. First: floors are flooded with WESCODYNE. Second: the solution is removed with a wet vacuum pick-up.

WESCODYNE is a perfect match for this new way to prevent cross infection. Its advantages are extraordinary. Labor saving detergent action. Wide range biocidal activity that destroys spores, viruses, bacteria, fungi, molds, yeasts, as well as illusive Staphylococci. Greater germicidal action than synthetic phenolics, quaternaries and other types of germicides. Nonirritating. Nontoxic. And a low, low cost of less than 2¢ a gallon at use dilution.

WESCODYNE is the first "tamed iodine" hospital detergent-germicide. It has an unmatched history of scientific eval-

uation and success. We would be pleased to send complete data and more information on WESCODYNE and the wet vacuum pick-up technique. Too, it might be convenient for you to ask about our Kent Microstat Wet Vacuum Pick-up. West is the only nationwide concern distributing this new vacuum cleaner. Just call your local West office. Or send the coupon below to our Long Island City headquarters, Dept. 25.

- ☐ Send information on WESCODYNE and the wet vacuum technique.
- ☐ Have a representative call.

Name \_\_\_\_\_

Position \_\_\_\_\_

PROGRAMS AND SPECIALTIES  
FOR PROTECTIVE SANITATION  
AND PREVENTIVE MAINTENANCE



WEST DISINFECTING DIVISION

WEST CHEMICAL PRODUCTS INC.  
42-16 West Street, Long Island City 1, New York  
Branches in principal cities  
CANADA: 5621-23 Casgrain Avenue, Montreal

Now your hospital can drastically  
dangerous source of bacteria...

# AIR-BORNE

Unless it's arrested, this dirt can accumulate in  
ventilating ducts, creating a hidden menace



Rigid aseptic procedures invariably prevent dirt from showing itself in hospital rooms. But in ventilating ducts, dirt accumulates rapidly and abundantly... can easily move from these ducts into any hospital room.

The most effective protection against the hazards of AIR-BORNE dirt is the Honeywell Electronic Air Cleaner. As the photographs on the opposite page reveal, the electronic air cleaner is extremely effective in trapping dirt particles that are a breeding ground for bacteria and fungi.

Why? Because an electronic air cleaner does more than merely obstruct dirt. Instead, it picks dirt particles out of the air by electrically charging the dirt.

This permits the Honeywell Electronic Air Cleaner to trap dirt particles 100 times as small as those stopped by a mechanical (fibrous) filter. Thus the Honeywell Electronic Air Cleaner gives you the most effective protection possible against the hazards of AIR-BORNE dirt.

## The Honeywell Electronic Air Cleaner contributes toward better health, increased savings

**Health:** Every cubic foot of air in a hospital can contain up to a billion particles of dirt. The Honeywell Electronic Air Cleaner removes over 95% of *all* dirt particles passing through the air handling system giving maximum protection against the hazards of AIR-BORNE dirt.

**Savings:** 90% of ceiling and wall staining is caused by dirt particles of three microns or smaller. With a Honeywell

Electronic Air Cleaner, the smallest dirt particles are removed... down to 1/1000 microns in diameter.

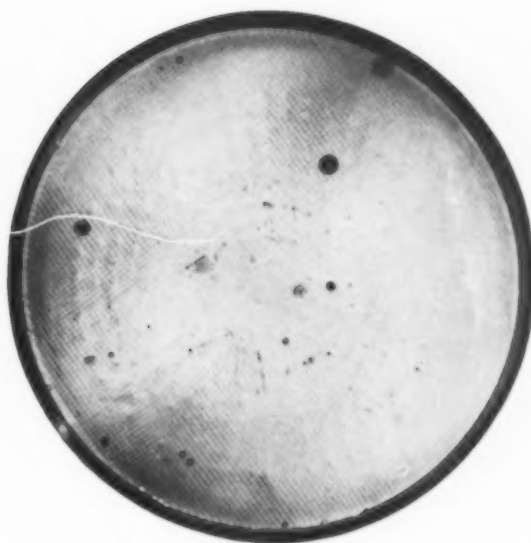
See about a Honeywell Electronic Air Cleaner for your hospital today. For further information, telephone your nearest Honeywell office—there are 112 conveniently located throughout the nation. Or write Minneapolis-Honeywell, Department MH-12-122, Minneapolis 8, Minnesota.

reduce a

# DIRT



This plate was exposed to unfiltered, unclean air upstream from the Honeywell Electronic Air Cleaner. Result: 104 colonies of bacteria and fungi developed.\*



This plate was exposed to the same air after it had been cleaned by the Honeywell Electronic Air Cleaner. Result: Only 11 colonies of bacteria and fungi developed.\*

You can't see them with the naked eye . . . nor can you feel them. But they're there—up to a billion particles of dirt in every cubic foot of air . . . the air we breathe . . . the air which enters and surrounds the surgical opening . . . the air which engulfs the delicate membranes of the new born.

The Honeywell Electronic Air Cleaner alone cannot pre-

vent all bacterial infection . . . other areas such as bedding, laundry and refuse must receive careful attention. But the Honeywell Electronic Air Cleaner *can* and *will* remove over 95% of all particulate matter passing through the air handling system—thus providing as *safe* a source of clean air as it is possible to obtain.

## Honeywell



*First in Control*

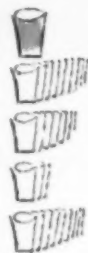
\*Actual unretouched photos of quantitative results using the sieve sampler technique. Each plate represents the microbial content of 31 cubic feet of air.



*there's no juice  
like citrus juice*

As a high-potency source of vitamin C, citrus juice—fresh, frozen, or canned—is unmatched for convenience and economy. The table below shows amounts<sup>†</sup> of other fruit juices required to supply the 100 mg.\* of vitamin C in one glass (7-9 fl. oz.) of citrus juice.

citrus	1 glass
apple	50 glasses
grape	9 glasses
pineapple	3-4 glasses
prune	50 glasses



<sup>†</sup>Data calculated from: Watt, B. K. et al., U.S. Dept. Agric. Handbook No. 8, 1950; and Burger, M. et al. Agr. & Food Chem. 4:418, 1956.

\*This is the peak of the Recommended Daily Allowances for adolescence or pregnancy; 150 mg. during lactation; 70-75 mg. for normal adults.

ORANGES  
GRAPEFRUIT  
TANGERINES

**Florida** *Citrus*

FLORIDA CITRUS COMMISSION • Lakeland, Florida

Add to the good reputation of your room service  
with **POLAR**  
**Insulated Pitchers**  
of stainless steel  
*for hot or cold beverages*



In three  
convenient  
sizes

32 ounce

20 ounce

10 ounce

Temperature plays an important part in the taste of food. You know that. If beverages should be served hot, serve them hot. If they are meant to be chilled, serve them cold.

You can do this easily, serve any beverage "in good taste" with these attractive POLAR insulated pitchers that are made to exceed all U. S. Government standards for holding the temperature of hot or cold liquids. Each is highly recommended for ice water, can save the floor nurse innumerable trips to patient rooms.

These versatile pitchers not only look good, but are good all of the way through. Inside and out they are all stainless steel. The inner container is welded to the outer shell to provide solid one-piece construction. There is nothing to break loose and rattle, and the famous POLAR No-Drip Lip always gives you perfect control in pouring from any angle.

Ask the men who call on you for full information. You'll find the best supply houses carry POLAR WARE.



**Polar Ware Co.**

**\*4300 LAKE SHORE ROAD  
SHEBOYGAN, WISCONSIN**

Merchandise Mart — Chicago 54  
Room 1455

\*800 Santa Fe Avenue  
Los Angeles, California

\*415 Lexington Avenue  
New York 17, New York

Offices in Other Principal Cities  
\*Designates office and warehouse



# SIMILAC<sup>®</sup> FORMULA

*effective  
nutritionally*

*there is no closer equivalent  
to the milk of healthy,  
well-nourished mothers*

*efficient  
administratively*

- *one dilution for all normal newborns*
- *one formula for all nurseries*
- *reduces nursery problems*
- *well suited to terminal heating*



Available for use in your nursery: Infant Formula Orders, Formula Requisition Sheets, Physicians Formula Registry, and other service materials. For samples, write ROSS LABORATORIES, Columbus 16, Ohio.

**NOW  
AVAILABLE  
FROM**

**B-D**

# ACE Medical Glove

**TWO-FINGER EXAMINATION, INTERCHANGEABLE**

**MORE SENSITIVE**—Developed by a physician, this thin, tough polyethylene glove is flexible and form-fitting to insure better "touch"...greater comfort. Comfortable for patients, too, because the seams are smoothly welded. **MORE ECONOMICAL**—No reprocessing cost...requires little storage space...fits either hand.

**POWDERED WITH BIO-SORB® DUSTING POWDER**—Easy to slip on or strip off. **DISPOSABLE**—One-time use minimizes risk of cross-infection...eliminates handling soiled gloves.

FORMERLY—



NOW—

a B-D  product

**B-D**

**BECTON, DICKINSON AND COMPANY - RUTHERFORD, NEW JERSEY**  
IN CANADA: BECTON, DICKINSON & CO., CANADA, LTD., TORONTO 10, ONTARIO

BIO-SORB DUSTING POWDER IS A REGISTERED TRADEMARK OF ETHICON, INC.  
B-D, ACE AND DISCARDIT ARE TRADEMARKS OF BECTON, DICKINSON AND COMPANY



**"Elevator Maintenance requires such a**



## **GRADY MEMORIAL HOSPITAL**

**Atlanta, Georgia**

The new Grady Memorial Hospital is 21 stories high and covers 27.6 acres. It cost, including equipment, \$26,000,000. It has 1,100 beds and 325 bassinets, 17 operating and 22 emergency rooms, 10 delivery and 12 X-Ray rooms. It has 1,200 paid and 475 volunteer workers. During 1958 there were 18,931 admissions and

7,128 births. The new Grady Memorial Hospital maintains four schools: The Professional School of Nursing founded in 1898, The School of Practical Nursing, The School of Medical Technology, and The School of X-Ray Technology. The new Grady Memorial Hospital is conceded to be the finest of its kind in the Southeast.

**OTIS ELEVATOR COMPANY • 260 ELEVENTH AVENUE • NEW YORK 1, N.Y.**

## variety of skills, it's best left to specialists"



**J. B. HAMIL**  
Chief Engineer

"Here at the GRADY MEMORIAL HOSPITAL we have a House Staff of 150 doctors and a Visiting Staff of 500 leading Atlanta physicians to properly and adequately minister to eligible patients from a community of 1,000,000. Ours is the *specialist's approach*," says J. B. HAMIL, Chief Engineer.

"We take the same approach to our vitally important vertical transportation system. We have 13 OTIS Passenger Elevators, 6 OTIS Service Elevators and 19 OTIS Dumbwaiters. They vary in design, equipment and maintenance requirements according to their specific duties. A careful study of the OTIS specialist's

*approach* to their maintenance convinced us that only OTIS can keep our vertical transportation running like new. We had only to look back on long years of highly satisfactory OTIS Maintenance in the original GRADY MEMORIAL HOSPITAL to confirm our judgment."

What is the OTIS *specialist's approach* to elevator maintenance? It is MEN . . . MATERIALS . . . METHODS.

**MEN:** Elevator maintenance is no one-man job. It is an organization task requiring experts in many lines. No individual, even if he devoted his entire time to the job, could do it properly. It calls for men with an unusual combination of skills plus long OTIS training in studying parts, assemblies, functions, replacement procedures, testing and adjusting.

**MATERIALS:** Original OTIS parts and specially designed OTIS maintenance equipment are within one hour of 90% of all OTIS elevators in the U.S. for use in scheduled replacements—and to hold emergency shutdowns to a minimum.

**METHODS:** With more than 40,000 elevators under OTIS maintenance, OTIS has developed an actuarial procedure that replaces wearing parts well in advance of their breakdown point to hold shutdowns to an absolute minimum and assure the highest possible safety.

**elevator  
maintenance**

THAT KEEPS ELEVATORS RUNNING LIKE NEW



OFFICES IN 297 CITIES ACROSS THE UNITED STATES AND CANADA

# TUBEX®

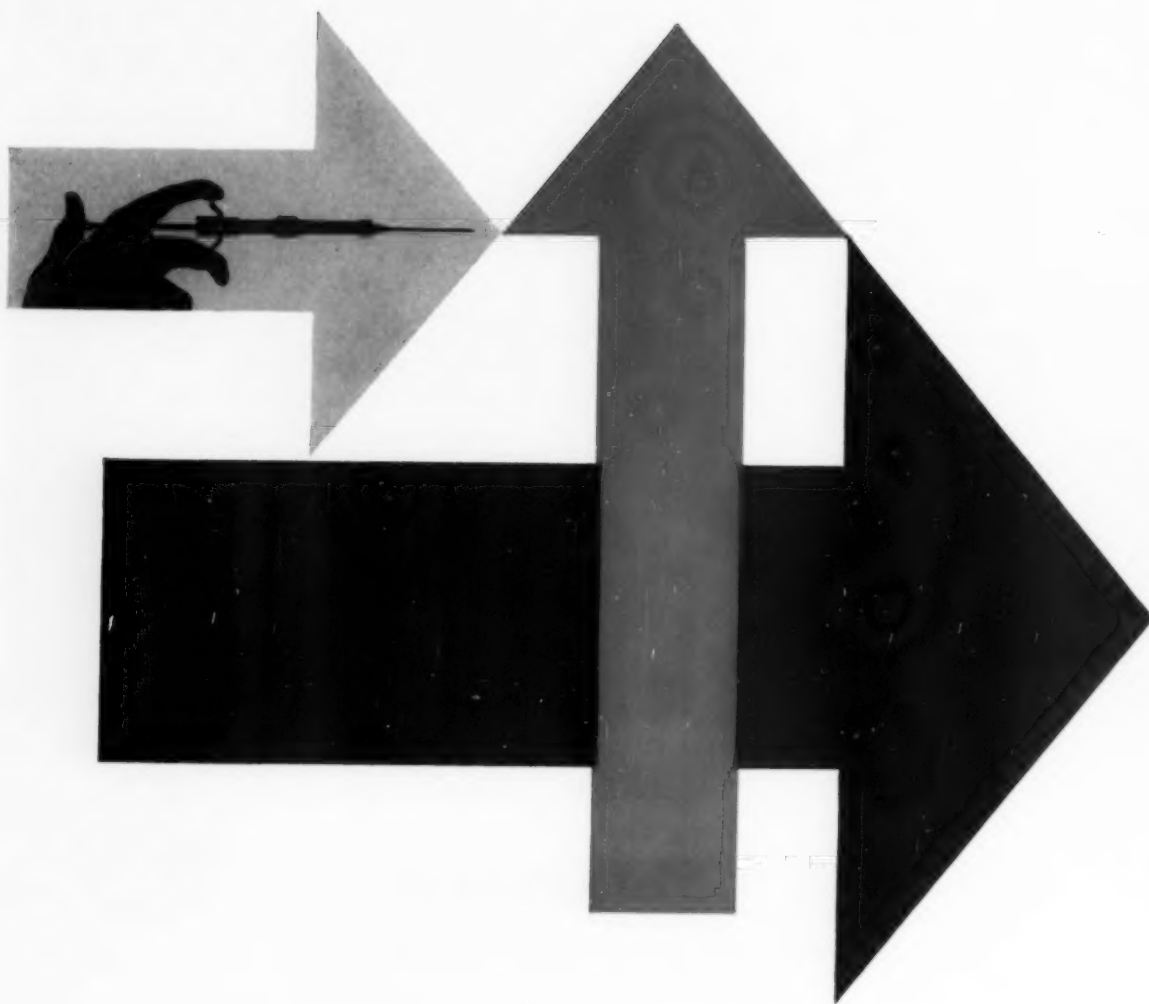
*pre-filled for*

*more than 75%*

*of your injectable needs*

*. . . empty, sterile cartridges*

*for all others*





## TUBEX

MEETS MORE THAN

75% OF INJECTABLE REQUIREMENTS...

TUBEX—the most widely used closed-system of injectables...

- improve efficiency
- cut waste and breakage losses
- simplify inventory
- discourage narcotics pilferage
- assure asepsis
- reduce risk of contact sensitization
- guarantee accurate dose
- eliminate a source of serum hepatitis

TUBEX... decreases operating costs...  
boosts morale...  
increases net revenue

CLOSED-SYSTEM INJECTION

# TUBEX



Philadelphia 1, Pa.

## ANTIBIOTICS

**BICILLIN®** Long-Acting (Benzathine Penicillin G in Aqueous Suspension, Wyeth)—600,000 units per 1 cc., 1,200,000 units per 2 cc.  
**BICILLIN C-R** (Benzathine Penicillin G and Procaine Penicillin G in Aqueous Suspension)—600,000 units per 1 cc., 1,200,000 units per 2 cc.  
**LENTOPEN®** (Procaine Penicillin G in Oil [with Aluminum Monostearate], Wyeth)—300,000 units per 1 cc.  
**LENTOPEN All-Purpose** (Procaine Penicillin G and Potassium Penicillin G, in Oil)—400,000 units per 1 cc.  
**DIHYDROSTREPTOMYCIN Sulfate**—0.5 Gm. per 1 cc., 1.0 Gm. per 2 cc.  
**STREPTOMYCIN Sulfate**—0.5 Gm. per 1 cc., 1.0 Gm. per 2 cc.  
**WYCILLIN®** Suspension (Procaine Penicillin G in Aqueous Suspension, Wyeth)—300,000 units per 1 cc., 600,000 units per 1 cc., and 1,200,000 units per 2 cc.  
**WYCILLIN DSM** (Procaine Penicillin G with Dihydrostreptomycin Sulfate)—400,000 units Penicillin and 0.5 Gm. Dihydrostreptomycin base as sulfate per 2 cc.

## NARCOTICS AND ANALGESICS

**MEPERGAN®** (Promethazine Hydrochloride and Meperidine Hydrochloride, Wyeth)—50 mg. of each per 2 cc., 50 mg. of each per 1 cc.  
**MEPERIDINE HYDROCHLORIDE**—50 mg., 75 mg., and 100 mg. per 1 cc. Also, each in 2 cc. (1 cc. fill) as well as 25 mg.†  
**MORPHINE Sulfate**—8 mg., 10 mg., and 15 mg. per 1 cc.  
**CODEINE Phosphate**—30 mg. per 1 cc., 60 mg. per 1 cc.

## ATARACTIC AGENTS

**PHENERGAN®** (Promethazine Hydrochloride, Wyeth)—25 mg.† and 50 mg. per 1 cc.  
**SPARINE®** (Promazine Hydrochloride, Wyeth)—50 mg. per 1 cc., 50 mg.† and 100 mg. per 2 cc.

## TOXINS, TOXOIDS AND VACCINES

**DIPHTHERIA AND TETANUS TOXOIDS COMBINED** (Aluminum Phosphate Adsorbed, Ultrafined®, Pediatric)—0.5 cc.  
**TETANUS ANTITOXIN** (Refined and Concentrated, Equine Origin)—1500 units per 1 cc., 3000 and 5000† units per 2 cc.  
**TETANUS AND DIPHTHERIA TOXOIDS COMBINED** (Aluminum Phosphate Adsorbed, Ultrafined, for Adult Use)—0.5 cc.  
**TETANUS TOXOID** (Aluminum Phosphate Adsorbed, Ultrafined)—0.5 cc.  
**TRIPLE ANTIGEN** (Diphtheria and Tetanus Toxoids and Pertussis Vaccine Combined, Aluminum Phosphate Adsorbed, Ultrafined)—0.5 cc.  
**POLIOMYELITIS VACCINE** (Types 1, 2 and 3)—1 cc.

## MISCELLANEOUS

**ALLERGENS**—House Dust†, Mixed Grasses†, Ragweed Combined†, Rocky Mountain†, Southern Formulaf, West Coast—Early Summer†, West Coast—Late Summer†, Poison Ivy—Oak—Sumac Combined  
**EPINEPHRINE Hydrochloride†** (U.S.P., 1:1000)—0.5 cc. in 1 cc.†  
**WYAMINE® Sulfate** (Mephentermine Sulfate, Wyeth)—30 mg. per 1 cc.,† 60 mg. per 2 cc.†  
**SODIUM CHLORIDE Solution** (U.S.P.)—2 cc., graduated  
**WATER for Injection** (U.S.P.)—2 cc., graduated  
**TUBEX, Empty, Sterile**—1 and 2 cc.

TUBEX injectables (except those indicated†) are supplied as sterile cartridge units with presharpened, sterile needles affixed. The TUBEX syringe is a precision, all-metal instrument, easy to load and durable.

Because medications are constantly being added to the TUBEX line, it cannot become obsolete. But even for injectables not yet available in TUBEX form, empty sterile cartridges can easily be filled and used.

†Soon to be available. Seek further information from your Wyeth Territory Manager.  
 ®Trademark



for more comfort...



...try new MATEX gloves

Now . . . all MATEX surgeons' gloves are made of a new compound that produces **much softer** and **more comfortable** gloves. Because they are more pliant, they do not bind or constrict free movement of hands and fingers. Thus, they dramatically **lessen hand fatigue**.

Mechanical tests prove new MATEX gloves are up to 50% softer than average gloves. And they provide the bare-finger tactility for which MATEX gloves have always been famous.

There's rugged strength and durability in new MATEX gloves, too. They'll survive many trips to the autoclave—save on hospital glove costs.

Ask your dealer to let you try new MATEX gloves. In white and brown, snug-fit rolled wrists or colored-banded.

**THE MASSILLON RUBBER COMPANY**

*Massillon, Ohio*

## SMALL HOSPITAL QUESTIONS

### Gifts From Vendors

**Question:** At holiday seasons, members of the purchasing department staff are likely to be the recipients of gifts from current or prospective vendors. What steps can be taken to correct this situation? — K.P., Pa.

**ANSWER 1:** As a purchasing agent, I believe the question of Christmas gifts and gratuities is greatly overemphasized, both as to the amount that is thought to be given and the implications of the gifts. The more important question that should be raised is: "Has the institution built up a purchasing staff with sound ethical and moral strength, well grounded in purchasing principles and adequately compensated, consistent with the responsibilities of the position?"

As a typical buyer will spend hundreds of thousands of dollars a year for his institution, is he free from personal prejudice? Is he easily persuaded? Is his thinking clear? Does he treat vendors with consideration and respect but with firmness? Does he haggle over prices? Does he reveal competitive price information without permission? Does he use, without permission, the original ideas and designs of one vendor to obtain a better price from another? Do the institution's officials encourage him to do such things? Such careful study of the fundamental soundness of the purchasing department staff in handling its purchasing responsibilities should be made. It is the basic core of the problem, rather than the question of Christmas giving, as buyers can lose much more money for their institutions in doing a poor job of purchasing through sloppy purchasing practices than any deliberate violation of ethics.

As previously stated, gifts from prospective vendors would be refused by any responsible purchasing man because the intent of the gift is obvious. Gifts of small monetary value from a vendor, who has received courteous treatment, with respect, has been interviewed promptly upon his arrival into the purchasing office, and has been dealt with fairly but firmly, are mere tokens of appreciation from a pleasant business relationship. For this to be considered as possible bribery of a high-caliber of purchasing

person is as ridiculous as to consider it bribery or influencing the judgment of the elementary school teacher who receives a gift from my son at Christmas and at the close of the year.

In conclusion, I do not believe that the giving of Christmas gifts should be encouraged, but rather that it should be discouraged as it becomes a nuisance. However, I believe the ethical concern about it far outweighs the other problems of running an effective purchasing department in an institution. There is not an institution in the country that could not spend its money more economically, with more adequate, better trained staff. If any institution has on its staff a member, with buying responsibilities, whom it considers can be influenced by the purchase of a lunch, or by the giving of a Christmas gift of small monetary value, it should immediately fire this person without further consideration of the problem, as his moral standards are basically too low to be assigned the responsibility of spending hundreds of thousands of dollars. A person so easily influenced cannot possibly be doing an effective and economical job for his institution, and, as he must have such wide discretion in making decisions, he is in a position where he could receive financial considerations and privileges in so many devious ways that it would be dangerous for the institution to retain him any longer. — D. FRANCIS FINN, *purchasing agent, Purdue University*

**ANSWER 2:** There was a time when the purchasing agent planned to stock his bar, clothe his wife, and furnish his home with the innocent little remembrances proffered by his company's suppliers when they were overwhelmed by the Christmas spirit. As purchasing agents have become more sophisticated in their profession,

suppliers have upgraded their efforts to buy favor. The luncheon check, the baseball ticket, and the lavish "plant visitation," not to mention the box of candy for the girls in the office, have largely supplanted the more obvious personal gifts. (It may be debated whether this resulted from the growth of more professional buyers, or of more cost-conscious suppliers, but at least the change occurred!)

Solving the problem is not hard, but like most administrative decisions it requires courage. The first step is to discuss the situation with the members of the purchasing staff, allowing each person to make his own decision (as long as he agrees with you). If there is a reluctant convert or a professional free-loader among the group, ask him to explain why a supplier considers it worth while to spend money for gifts or entertainment. If he can answer that question honestly, and still accept personal gifts or discounts, he could rationalize other forms of larceny.

After the group has thus spontaneously adopted your opinion, it must be put into effect. Buyers should be provided expense accounts to enable them to pick up checks on half of the few occasions when it is necessary to lunch with company representatives.

It may be necessary to write a friendly form letter to suppliers each October to discourage any would-be Santa's helpers from providing bonded bourbon, smoked turkeys, or other such mementos.

Finally, every member of the purchasing staff, from the newest clerk to the boss himself, must courteously, promptly and firmly decline all gifts, personal discounts, entertainment, and whatever new gimmicks the suppliers may think up when foiled in their efforts to be commercially friendly.

Most suppliers respect the purchasing agent who explains his reluctance to accept a favor on the basis that he doesn't want to have to decide where to draw the line. Suppliers who won't take "no" for an answer usually turn out to be the ones who expected the greatest favors in return. In this, as in most things, the rule is *quid pro quo*, which may be freely translated as "You drank my Scotch, now sign the order." — BRUCE PARTRIDGE, *business administrator, University of Delaware*.

### ANY QUESTIONS?

**The Modern Hospital will be glad to try to answer them.**

**If you have a problem or if you're just curious about a procedure or a statistic, please feel free to write this department, care of The Modern Hospital, 919 North Michigan Ave., Chicago 11.**



## On entry duty... night and day **STANLEY MAGIC-DOOR CONTROLS**

Nowhere is increased efficiency more necessary than at hospital passageways where efficiency can be a matter of life or death. Stanley Magic-Door controls make that vital extra efficiency possible.

At delivery room entrances, nurses can carry new-born infants with complete safety through doors that open and close automatically. At operating room and emergency entrances, attendants never need to leave their patients to open and close doors manually.

The need for automatic door operation is *real*.

The name to rely on is Stanley Magic-Door... leader in the field for over a quarter-century. Write for free literature and the name of the Magic-Door distributor in your area to Magic-Door Sales, The Stanley Works, Dept. L, 50 Lake St., New Britain, Conn.

*Sales, installation and service distributors in principal cities in the United States and Canada.*

*Deserving a place in your plans for progress*

**HARDWARE**



**AUTOMATIC  
DOOR CONTROLS**



**ALUMINUM  
WINDOWS**



**AMERICA BUILDS BETTER AND LIVES BETTER WITH STANLEY**

**STANLEY**

This famous trademark distinguishes over 20,000 quality products of The Stanley Works—hand and electric tools • builders and industrial hardware • drapery hardware • door controls • aluminum windows • stampings • springs • coatings • strip steel • steel strapping—made in 24 plants in the United States, Canada, England and Germany.



# PITTSBURGH COLOR DYNAMICS®

help to enhance efficiency of hospital staffs



*Cheerful colors in cafeteria make meals more pleasant.*



*Eye-rest colors in operating rooms aid surgeons in their tasks.*



*Pleasant office areas inspire confidence, build good will.*



*Stimulating colors in nurses' quarters enhance morale.*

**W**hen you decorate with Pittsburgh COLOR DYNAMICS you create a cheerful, comfortable environment that comforts, relaxes and encourages patients, speeds their convalescence.

- You also provide color environment that improves the efficiency of medical and nursing staffs.
- Eye-rest colors in operating rooms

relieve fatigue and nervous tension of surgeons at their delicate tasks. Relaxing colors in delivery rooms help to ease the pangs of labor. Stimulating hues on nurses' stations improve alertness. Lively, bright colors in living quarters enhance the comfort and morale of resident staffs. Pleasing colors in dining areas add to the pleasure of mealtimes. Reception rooms, waiting rooms and offices can be painted with

colors that inspire confidence and build good will.

• Next time you paint, choose colors the Pittsburgh COLOR DYNAMICS way, to counteract the austere impersonality usually associated with hospitals. Make yours a brighter, more friendly institution. And you can get all these benefits at no greater cost than you pay for normal maintenance painting.

## Ask for a Color Study of Your Hospital—It's FREE!

• To assist you in color-planning correctly, we'll be glad to send a detailed explanation of the COLOR DYNAMICS painting system and how to use it most effectively in hospitals. Better still, we'll make a

detailed color study of your institution, or any part of it, without cost or obligation. Merely phone your nearest Pittsburgh Plate Glass Branch and arrange to see one of our representatives. Or mail coupon.

Watch the Garry Moore Show—CBS-TV—Tuesday evenings.

# PITTSBURGH® PAINTS

PAINTS • GLASS • CHEMICALS • BRUSHES • PLASTICS • FIBER GLASS



PITTSBURGH PLATE GLASS COMPANY

IN CANADA: CANADIAN PITTSBURGH INDUSTRIES LIMITED

## Send for this FREE BOOK

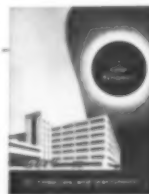
Pittsburgh Plate Glass Co.,  
Paint Div., Dept. MH-129  
Pittsburgh 22, Pa.

- ☐ Please send me a FREE copy of "Color Dynamics."
- ☐ Please have your representative call for a Color Dynamics Survey of our properties without obligation on our part.

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_





You pay no more for unequalled SLOAN quality...



## the "Why" of an Inside Cover...

• Remove the outside cover of a Sloan Royal Flush Valve and you'll find it also has an inside cover—a functional part not found in other flush valves. Why two cast brass covers where seemingly one would do? Because Sloan engineering found special advantages in their combined use to assure dependable trouble-free flush valve operation. This "extra" or inside cover performs these three vital functions:

- The contour of the inside cover insures the proper flexing action and long life of the diaphragm
- The inside cover acts as a friction washer protecting the diaphragm from distortion when the outside cover is screwed down
- Working in cooperation with the outside cover, it makes a stronger union of body and cover

To be sure, it costs more to produce the Royal with an inside cover of cast red brass. But this standard feature contributes to the performance, protection and strength of the Royal. It's another bonus of quality you expect from Sloan. And since you can have Sloan quality at no extra cost, why not make sure you get it.

# SLOAN FLUSH VALVES

SLOAN VALVE COMPANY • 4300 WEST LAKE STREET • CHICAGO 24, ILLINOIS



## wire from **W**ashington

### FLEMMING REASSESSES FORAND BILL

Elements in the hospital field hoping for passage of the Forand bill next session now have a somewhat unusual development to encourage them — an apparent weakening of the Eisenhower Administration's opposition to this measure, which would establish a hospitalization program under social security.

The change in White House policy—or what certainly is close to a change—came into view at a press briefing conducted by Secretary Flemming of the Department of Health, Education and Welfare. While what he said may be subject to a number of interpretations, it was strange language to come from the Cabinet member who argued powerfully against the Forand bill at House hearings only last summer.

Also, when half a dozen ideas appeared on what Mr. Flemming "meant," The MODERN HOSPITAL asked his office if he was preparing to settle the whole thing by explaining more clearly what he did have in mind. The answer was "no." The record would stand.

This development is certain to have an effect on the American Hospital Association's policy on the Forand bill. An A.H.A. board of trustees committee, appointed at the last convention to reexamine the association's position, has held one meeting and has another scheduled for late December. At the first session the group merely reviewed the oft-reviewed alternatives to a Forand bill and did not come to grips with the big issue. It is expected to finish its study shortly so the board will have time to make its decision well before the House again holds hearings on the Forand bill, probably early next session.

Meanwhile, A.H.A. stands on its old Forand position—it doesn't like this bill, but concedes that "the social security approach" may be necessary to meet the old folks' hospital bills.

The American Medical Association, catalyst for opponents of the Forand bill, also is standing on its old position, one that is not subject to misunderstanding—it is completely and thoroughly opposed to the Forand bill or anything like it.

An outgrowth of the A.M.A.'s opposition is the series of regional "educational meetings" on national legislation. More than 30 already have been held. They are called by state medical societies, which explain the issues. However, the state societies, like the A.M.A., are not permitted to get into partisan politics. If, as an outgrowth of these meetings, doctors decide to work for opponents of the Forand bill and against its proponents, they organize outside both state and local medical associations.

At the news conference Secretary Flemming's formal, prepared-in-advance statement had little news. But when the questions and answers started, he said he and his experts so far have not been able to come up with an alternative to the Forand idea, which has strong union support.

"We are trying to take a look at the voluntary insurance approach," he said, "but up to the present time we haven't come up with a plan to supplement voluntary insurance."

Then he added the real news: "We are reviewing our position on the basic principles embodied in such legislation as the Forand bill."

Some time ago Mr. Flemming had been turned down by commercial insurance carriers on a proposition to deduct monthly payments under social security, with recipients using this money to buy paid-up health insurance on retirement. Flemming was asked at the conference if his new position on the Forand bill hadn't been taken to "frighten the companies back into conference." This he denied.

If no one else devises a system to help old people's health-hospital bills, Flemming declared, his department must produce some solution, because "we can't stand idly by in the face of the need."

It is known that the Administration is desperately attempting to put together a plan that could stand up against the Forand bill in the next session of Congress. It is reported that one possibility would be a limited hospitalization only program, but still carried out under social security. The oldsters would have to supplement this with their own privately purchased insurance for doctors' fees and for long hospital stays.

However, Secretary Flemming did not comment on this at the conference, nor would anyone at H.E.W. confirm that the new idea was making any progress.

The subject of the press conference at which the Forand dynamite went off is an innocuous document, "Programs and Resources for Older People." It was prepared by the Federal Council on Aging, of which Mr. Flemming is chairman. Other members are the secretaries of treasury, agriculture, commerce and labor, and the administrators of veterans affairs and the housing and home finance agency.

The report largely is devoted to pulling together all available information on two subjects: (1) what the government is doing to help old people, and (2) what their problems are. Services of each agency are detailed.

It brings out that:

During the current fiscal year the U. S. will pay out about \$14.6 billion from trust funds and appropriations for the elderly.

U. S. expenditures in medical research on health problems of the elderly have increased more than sevenfold in five years.

But the report itself treads very carefully around the Forand bill. It says "there is growing concern . . . over the problem of older people with low incomes in paying for medical care." As for a solution, this advice: "It is fundamental in a society of free and self-directed people that each member must seek to solve his own problems." Only when the problems exceed the capacity of the individual and his family do they "become the concern of organized society."

Further evidence that the Eisenhower Administration may be warming up to some legislation that conservatives call "socialistic" appeared at fact-finding hearings before a special subcommittee of the House ways and means committee.

George K. Wyman, deputy commissioner of social security, testified that the Administration is giving "serious consideration" to the suggestion that the disabled be allowed to obtain retirement benefits before the age 50 deadline of the present law.

When the present disability benefits law was passed several years ago, it was vigorously opposed by the A. M. A., which contended, among other things, that if the age limit were dropped to 50 from 65, before long it would be eliminated altogether.

### UNEXPECTED ALLY FOR FORAND BILL

Another strong ally of Rep. Forand appears from an unexpected direction. It is in the nature of a report prepared for the congressional joint economic committee, which in its studies in the past has paid only slight attention to the medical cost impact.

It is one of the few times — in fact the only time in recent years — when a report bearing the approval of a congressional committee has strongly endorsed the Forand principle.

In summary this report declares:

"Public action is needed to protect particularly vulnerable groups against the burden of heavy medical expenses."

Then it flatly endorses the Forand bill, in these words:

"A federal program of social health insurance for elderly citizens is justified by their larger health needs and smaller effective demand than other segments of the population. These elderly citizens are poor risks from the point of view of private insurers, but their health needs are important from a social and humanitarian perspective. Other possibilities are direct assistance for federally aided private insurance."

In three more categories, also, the federal government

should move into the medical care picture, according to these recommendations:

"Crippled and handicapped children create tremendous financial burdens for low and middle income families. Private voluntary and philanthropic assistance to ease the burden of such disabilities must be supplemented with greater public support.

"Low income families have greater difficulty in financing their medical care needs adequately. Continued private and public efforts to meet the needs of this group are necessary. The inability of low income families to finance their medical care needs adequately imposes a heavy financial burden on private philanthropic sources of funds. To enable these families to get the medical care they need, public efforts by state and local governments must be supplemented with greater federal support . . ."

### DRUG PRICE HEARING UNDER WAY

The specter of drug manufacturing houses run as public utilities haunts the pharmaceutical industry as the Kefauver drug price hearing gets under way. They don't really think this will happen, but it's an awesome thought.

At least a few experts in hospital economics have the same fear. It was voiced in Washington by E. Clinton Bamberger, former legal representative for the Maryland Commission on Insurance at a conference of the Maryland-District of Columbia-Delaware Hospital Association, attended by more than 2500.

Unless the public can be satisfied that "a disinterested party" is looking after its prepaid hospital insurance money, he warned, the hospitals can look forward to the same sort of close supervision that bus, electric and telephone companies have to live with.

He said that it was a natural development for the public to want to be in on the picture because of the rapid growth of hospitalization insurance. In the past, he explained, it was rough on the party who had to pay a hospital bill — but at least he didn't have to pay for something that he hadn't used and might not use.

### A.M.A. Reaffirms 1951 Policy on Specialists Forbidding Sale of Medical Services by Hospitals

DALLAS. — The American Medical Association tightened the professional noose around the necks of salaried pathologists and radiologists at a session of the A.M.A. House of Delegates here December 3.

Acting on resolutions introduced by a dozen state medical societies, with Iowa leading the way, the A.M.A.'s policy-making body reaffirmed the 1951 version of the Hess Report, declaring that "a physician should not dispose of his professional attainments or services to any hospital . . . under terms or conditions which permit the sale of the services of that physician by such agency for a fee."

Reportedly initiated by Iowa pa-

thologists, the resolutions noted the subsequent actions of the House of Delegates "may be or seem to be inconsistent with" the 1951 policy and asked the House to declare all such actions superseded, "so that there can be no misunderstanding of the position of the American Medical Association on this important matter."

Among the actions referred to as inconsistent with A.M.A. policy was the 1953 joint A.M.A.-A.H.A. report on hospital-physician relations which stated that a physician shall not dispose of his services under terms or conditions "which permit exploitation of the patient, the hospital, or the physician" — without specifically outlaw-

ing salaried practice by hospital specialists.

According to an Iowa spokesman who addressed the reference committee handling the resolutions, the action by Iowa and other states reaffirming the 1951 principles was evoked by the American Hospital Association statement on hospital-physician relations at the annual convention last August, reaffirming the A.H.A. position as set forth in the joint report of 1953. A.H.A. representatives at the A.M.A. meeting said the A.H.A. declaration was called forth by unilateral actions of pathology and radiology societies.

The A.M.A. action took note of liaison efforts by A.M.A. and A.H.A. boards of trustees and urged that this be continued. ■



## LOOKING AROUND

### No Change

FOR some years now the basic document governing the relationship between hospitals and medical specialists practicing for the most part in hospitals (that is, radiologists, pathologists and anesthesiologists; happily, the American Hospital Association has abandoned its attempt to identify them invariably as "hospital physician specialists," a practice which meant that speakers and writers on the subject had to refer to "hospital-hospital physician specialist relationships," making essays such as this sound something like "The House That Jack Built") has been the statement of guides or principles approved by both A.M.A. and A.H.A. in 1953. As any broad statement must, the principles left a lot of room for maneuvering by individual hospitals and physicians but made it plain that hospitals should not impose conditions that might interfere with professional standards. The principles also clearly permitted salaried practice, and the A.M.A.'s Judicial Council has never seen fit to rule out salaried practice as unethical.

Nevertheless, for many physicians the paycheck is indistinguishable from the handcuff, and so the principles — and all the hours of discussion and debate it took to get them approved on both sides — didn't really solve anything; disputes have arisen and fallen away since 1953 about as they did before. Resolutions by the dozen and even laws have been passed on the subject without changing anything about the essential conflict: Hospitals feel *they* must control the financial and administrative aspects of these departments, and physicians are sure *they* must control professional

practice within the departments, and the controls impinge on one another.

There will be more resolutions, of course, this month and next year and possibly long afterward, but the controls will still impinge, because they have to, and so the conflict cannot be resolved until one side or the other gives up, which is unlikely, or the law takes over both controls, which is undesirable but might happen anyway.

Meanwhile, the resolutions and policy statements provide occupation for many and comfort for some and probably don't do any harm, even when they abandon all reason, as one proposed by a committee of the Florida Medical Association did recently. "In no case may a hospital charge a patient for other than the use of its facilities and material," this said. "No hospital shall be permitted to engage in any form of contract practice with an individual member of F.M.A. or groups of individual members to provide medical service or for any purpose other than that of pure hospitalization."

To get pure hospitalization, it turns out, the Florida patient is going to have to be pretty alert, or downright lucky, or both: "Emergency and accident cases may have first aid only administered at the hospital and the physician selected by the patient must be immediately notified," the proposed resolution goes on. "In no case shall a patient able to pay be admitted to the service of a hospital staff member without the request of the patient's own physician, if there be one."

If there be'n't one, by some mischance, guess who is making the rules? "No one but strictly indigent or medically indigent patients shall be ad-

mitted to free charity clinics except in emergencies," the resolution stipulates. "Principles to determine medical indigency shall be determined by the respective component county medical society of the F.M.A."

Like all the others, this resolution won't change anything. But it must have made Hippocrates dizzy.

### Models

IN ADMINISTRATION as in medicine, the most successful practitioner must be part scholar. Thus we have deemed it our task here to report what is happening in the ivory towers of administration, as well as in its offices and committee rooms. Sometimes this is uphill work — never more so than it was the other day, for example, when we came across this passage in a scholarly essay on decision making: "The relationships which link an organization with its environment greatly influence its character, its goals, and its opportunities; and the consistency implicit in the total configuration of the commitments embodied in these relationships largely determines the kinds of stresses it will be subject to. Thus relationships which constitute the organization's ties with its environment can reasonably be defined as the ultimate climate of decision making."

If this means anything at all — a proposition that is doubtful on the face of it — it must mean that outside as well as inside circumstances affect decisions. Inside things count most, however: "There is no question but that the configuration of shared values,

\*Gore, William J., and Silander, Fred S.: A Bibliographical Essay on Decision Making. *Administrative Science Quarterly* 4:1 (June) 1959. Pp. 97-121.



the structure of roles that set the relationships between individuals in the group, the reward and penalty systems, the mechanisms of social control, the division of labor, and the technology of a group all have a considerable impact upon its decision-making processes," the authors state.

Administrators who just consider the relevant facts and opinions and decide what to do are kidding themselves if they think they are really making decisions, it is plain to us students. "There are four broad classes of decision-making processes: the democratic (where leaders are heavily influenced by non-leaders through such devices as nomination and election), the hierarchical (where leaders are heavily influenced by the structure of the hierarchy itself), the bargaining (where leaders to some degree interdependent with each other exercise reciprocal controls over each other), and the pricing system (though this is qualitatively different from the first three)," say the scholars. "We presume that decision is not made by one man after receiving all of the facts and alternative courses of action from staff, but by a series of persons — many of them not occupying formal positions — within the hierarchy that happens to be the locale of a particular choice-making episode. . . . The decision itself is fundamentally a process rather than an act."

Administrators who resist the concept that decisions are processes rather than acts don't know the worst of it yet: The whole business is about to be taken over by machines anyway. "There are those who look toward the time when numerical values, representing estimated outcomes, may be substituted for verbal symbols in a formula representing organizational goals, which would then be solved for a decision," the authors state calmly, introducing the subject of "models" representing the alternatives in a managerial situation which can be solved by formula. Thus "queuing models" may be used to maximize service and minimize costs by optimizing waiting time and facilities, it is pointed out. Models and mathematical programming may also be used to solve inventory problems, establish equipment replacement policies, and perform many other managerial functions, it is reported — possibly leaving the administrator with nothing much to decide except whether or not to fire the cook the next time he gets drunk.

This may be just what the authors had in mind. "The role of the executive in facilitating organizational unity has been diluted," they conclude, "with the result that organizations have become increasingly effective instruments of production and increasingly impossible places to live and work."

### Brains and Bureaucracies

THE administrator is a lesser intellect than the professional man, if not a lower form of life, and submission of the latter to control or interference by the former is responsible for a major share of the world's ills, according to an extraordinary exercise presented one evening a few weeks ago at the 90th anniversary dinner of the Roosevelt Hospital in New York. The speaker was Vice Admiral H. G. Rickover, USN, Assistant Director for Naval Reactors, Division of Reactor Development, U. S. Atomic Energy Commission, and Assistant Chief of the Bureau of Ships for Nuclear Propulsion, Navy Department. In extolling the virtues of the superior intellect, as represented by the professional man, and warning against the iniquities of "technically illiterate administrators [who] take it upon themselves to render decisions in complex, often potentially dangerous technical matters," Admiral Rickover made it clear that he wasn't referring to hospitals but to "huge bureaucracies" which he did not identify. "Picture for yourselves a situation where doctors spend half their time doing battle with administrators who require them to explain and justify their diagnosis and treatment," he exclaimed. "Imagine administrators trying to prevent use of new medical procedures merely because these run counter to established hospital routines (administrators naturally worship routines and hate innovations!)."

Plainly addressing the physicians in the audience, and not the hospital administrators and trustees who were also present, Admiral Rickover described how the work of professional persons in bureaucracies is hampered by administrative interference. "We have such interference because we do not draw clear lines between the respective role of the professional man and the administrator and because, of the two, the administrator enjoys the higher prestige and position," he declared. "The administrative head of a

large bureaucracy is the nearest equivalent we have to an absolute monarch — something of an anachronism in a democratic society! He runs his bureaucracy in an authoritarian manner; he expects unquestioning obedience from his subordinates, even in matters in which they are expert and he is ignorant; he tolerates no criticism of his organization from within or from without. The inside critic is fired or, if this is not possible, prevented from doing his work efficiently; the outside critic is smothered with a barrage of personal invective and misrepresentations of truth emanating from the organization's public relations department."

Professional people have a high I.Q. that puts them in the top one or two per cent of our population, Adm. Rickover asserted, not disclosing the source of this intelligence. "In bureaucracies [professional people] are commonly the subordinates of men of substantially lower intellect," he said. "Today it is the verbal man and the men who go about managing people who rule. This would not be too bad if these people really understood what the professional men under them were doing. But they rarely do. Yet they interfere just the same, because they have the power to do so and usually can escape being held responsible for the failures they cause. Administrators are nomadic folk — they move in and out of organizations, seldom learning enough about the work of their professional subordinates to be of help, rarely staying long enough to be caught for the damage their meddling has done."

The real trouble, as the Admiral sees it, is our addlepated democratic idealism. "We have so passionate a belief in human equality that we resist plain evidence that some people are more intelligent or contribute more to society than others," he concluded. "Politicians and celebrities cater to this belief by pretending to be no different than the average man. People whose stock in trade is a superior brain that has been developed through a rigorous course of education have trouble putting on this pretense; this is one reason why they are disliked in this country."

Well! It was certainly a good thing the Admiral wasn't talking about physicians and hospitals, people in the audience told one another when he had finished. But what was he doing there at a hospital dinner?



## ***What Administrators Want From Their Assistants***

***... and vice versa***

**Irvin G. Wilmot**

**T**HE process of integrating the assistant into the hospital organization creates burdens for the administrator that cannot be avoided. In general, administrators are well prepared for the substantial drains on their time and energy and are reconciled to the process which they recognize is necessary to achieving effective administrative coverage.

The burden, though unavoidable, can be minimized. The degree to which the process is to be lengthened or shortened and made pleasant or unpleasant is dependent for the most part on the assistant. The assistant himself, in a sense, controls his own destiny.

The assistant can effect his integration into the organization and into administrative function both by his general outlook and conduct and by his attitude and approach to specific administrative chores. He has relationships to develop and nurture with

many persons within the hospital environment. His relationships with department heads within the hospital are particularly important. These are the individuals with whom workable relationships are a must, if the assistant is to be effective within the organization. The new assistant will do well to credit the vast majority of hospital department heads with a substantial amount of technical knowledge as well as with a high degree of skill in management. Such skill is not always expressed in the neat semantic terms of the classroom, and in some instances is not verbalized at all.

In general, the skill is present, nonetheless, and the assistant interested in his own development and in his effectiveness within the organization will approach his relationships with these individuals positively and with an open mind. His most critical relationship, however, and the one which will truly determine his accession to real administrative function, is with the administrator. Until such time as the administrator believes his assistant to be,

Mr. Wilmot is assistant superintendent of the University of Chicago Clinics and associate director of the graduate program in hospital administration of the University of Chicago.

## The Goal Is To Broaden the Administrative Base

in fact, an extension of himself, he will not and cannot vest him with genuine administrative function.

The many facets of the assistant-administrator relationship vary in importance in different relationships and in the same relationship over different periods of time.

The following suggestions and comments, however, based on observations in different hospitals, seem universally applicable.

Compared with most commercial, industrial or other social enterprises, the hospital and its administrator have a disproportionately large number of critical interpersonal relationships. There are patients, trustees, physicians, department heads, auxiliary members, civic groups, welfare agencies — to name only a few — with whom the administrator must maintain continuing contact. These relationships are inter-related and dynamic in nature. They need be kept in balance and subtly directed, if the hospital is to remain in good health.

### Some Contacts Not Delegable

Most of these contacts cannot be delegated for the simple reason that those involved in them are unwilling to deal with anyone except the administrator. The principal reason for this is that the hospital is a social agency and not a unit of commerce or industry. Few people having business with the General Motors Corporation, for example, even consider approaching the president as a point of contact. Or, if they do, are not offended when the matter is referred to a lower level of the organization for handling.

This attitude, however, does not prevail in the case of hospitals and other social agencies. Just as the school superintendent and the city mayor are viewed by the public as appropriate points of contact for any matter related in any way to their organizations, so is the administrator considered the appropriate person to talk to about any matter relating to the hospital. For the most part these contacts cannot be avoided by the administrator whether they are with a patient who thought

It is paradoxical that hospitals which have extremely complex organizational problems historically have relied upon relatively simple administrative hierarchies. Several reasons probably account for this, perhaps the most important one being the inherent difficulties in injecting personnel with administrative function into the hospital organization. Unlike the industrial organization, the hospital has no large natural functional units such as production or sales. Instead, it is basically a large single operating unit composed of many small functionally different departments all aimed at the single complex product, patient care. Despite the very real problems involved, hospitals have added administrative people as the need has developed. In recent years their need has developed rapidly. The result has been many new assistant administrator posts. In addition to the search for a hierarchical peg for assistants, administrators find themselves involved in a more tenuous and different kind of relationship than they have had with department heads and others within the hospital environment. The assistant-administrator relationship is aimed at a broadening of the administrative base and, by necessity, is an intensive man-to-man process. The administrator working in an environment where so many natural factors call for single man control is faced with the problem of extending his function through his assistants to an increasing degree. Even under the happiest circumstances the chore is not an easy one.

his noon meal was cold, or a physician wanting to discuss some aspect of hospital operations.

A great part of the administrator's day is devoted to time and talk with persons involved in these relationships. It's quite obvious to even the newest assistant that this is an area where the administrator can well use some relief. The dilemma is that direct relief is not easy. One of the greatest disservices an assistant can do his administrator is to inject himself into these relationships without invitation or some preparation for his entrance by the administrator. Such action is resented by the individuals involved and will more than likely set back whatever tactics the administrator has in progress.

The assistant, however, can give support to these relationships by developing ones adjunct to those of the administrator. Usually these will start informally and may consist of no more than "small talk." Once contact is established, the relationship can be developed and directed toward productive objectives. An approach of this sort conducted with the knowledge and support of the administrator can reinforce the administrator's efforts and has the potential of giving direct relief in this area.

A second factor indispensable to the

assistant-administrator relationship is a combination of many qualities which for identification purposes might be called "demonstrated good faith." Included in this are such characteristics as integrity, loyalty and honesty. Often referred to casually, these qualities have very real meaning in the assistant-administrator relationship. The closeness and harmony demanded of this contact leaves no room for anything but full support of the administrator and his administration. The assistant must sincerely believe that what is good for the administrator is good for him — administrators almost always make certain this is the case.

The assistant should not construe this admonition as outlawing personal development. It does mean that personal development cannot be acquired at the expense of the administrator. The hospital environment is fertile ground for maneuvers based on self-interest, yet at the same time is quite sensitive to such activity and very critical of such maneuvers. The assistant must approach his job with wholehearted, sincere good faith toward his work and toward his administrator. An attitude of any other sort toward this relationship is not possible on a continuing basis.

Closely allied to the matter of in-

herent good faith in the assistant-administrator relationship is that of honest representation. As the relationship matures, the assistant will more and more find himself in situations where he must give voice to administrative positions. The assistant who alters the "party-line" in such situations in favor of his own bias is not giving honest representation. Most administrators welcome discussion and honest disagreement from assistants on almost all problems and issues, provided the airing of views takes place in private. This process, in fact, is one of the major developmental tools the administrator has available to him. Once an issue is aired, however, and a position has been taken by the administrator, it is incumbent on the assistant to present it accurately and honestly when called upon to do so, even though his personal position may be at variance. The assistant who prefaces remarks with "The boss thinks . . .," "The boss likes it this way, but . . .," in effect is abdicating his administrative role and destroying whatever authority he may have within the organization.

Representation has another facet of some importance — one that creates real perplexities for the assistant. He is often faced with problems about which he is uncertain. His ego most often will call for a decision on the spot. His common sense may either concur or disagree. Often his decision will be right. Sometimes he will not be so fortunate. If he doesn't begin making decisions, he will never fulfill an administrative role. If he makes too many wrong decisions, he will lose both face

and the confidence of the administrator. There is no magic formula. Good information, sensitivity, common sense, and implicit good faith are the assistant's only tools — which is, after all, a complete set.

One last comment is worth making about this important function of representation. Issues on which the administrator's position is well known to the assistant often come up for discussion in the administrator's absence. It may be around the lunch table, in the office, or during a corridor conference. The position on the issue may be easy to support or it may be difficult. It may be pleasant or it may be distasteful. What is most important, however, is that it is a position. As such it must be supported. The assistant who has full knowledge of the position, but who evades the issue — for lack of courage or because it is inconvenient or for some conjured rationalization — is not giving honest representation or the kind of support his administrator has every right to expect.

There are certain aspects of hospital operations which every administrator reserves for his attention alone. These will vary with the individual and the institution, but, in general, will be those that have a critical effect upon the hospital. These are the inviolate prerogatives. The additions of personnel, the allocation of space, the establishment of fee schedules are examples of decisions which are typically found in this category. The assistant must identify these prerogatives early in the relationship and guard against any encroachment on them.

Time is probably the administrator's most precious possession, if for no other reason than demands upon it far exceed supply. The assistant-administrator relationship is a big user of this time, particularly in the embryo years. Both parties concerned know that exchange of ideas and thoughts are essential to achieving an effective multiple-man administration. The assistant has much more time allocable to this purpose than does the administrator and is usually anxious to give it. This eagerness to talk with, to identify with, and to be seen with the administrator can lead to a real abuse of his time by the assistant. Generally speaking, the administrator has a good idea of when and how much time need be given to the relationship. The assistant who senses this pace and pattern and acts accordingly acts wisely.

From the practical standpoint much of the exchange-of-idea kind of conversation is sparked by specific operational problems. For this reason, the assistant anxious to increase the opportunity for conversation at this level will introduce operational problems when the administrator has time for tangential discussion and can give more than a yes or no answer. The judicious grouping of problems both as to number and subject matter also permits and encourages philosophical discussion. Too many problems at one time and problems widely separated as to subject tend to both clutter and impede conversation of this order.

Timing and planning of this sort are best handled by the assistant. Administrators tend to be overgenerous with the time they are willing to give the assistant and will frequently curtail other relationships and activities, if they feel the assistant needs the time. The assistant has a real responsibility to take no more time than he needs, and to use productively the time he does take. The assistant-administrator relationship, like a photograph, can tolerate neither overexposure nor underexposure, if it is to be properly developed.

A prime requisite of multiple-man administration is that all members of



*Irvin G. Wilmot is associate director of the graduate program in hospital administration at the University of Chicago Clinics. He has been assistant superintendent of the clinics since 1953. Previously he had been administrative assistant there. Prior to entering the hospital field, Mr. Wilmot had been a buyer in both industrial and institutional organizations. He is a graduate of Northwestern University and the University of Chicago.*

## *To be effective, an assistant must adopt and reflect the administrative philosophy of his superior*

the administrative team have a relatively uniform philosophy of administration. Everyone within the hospital environment must be able to anticipate administrative reaction, if they are to function effectively. In view of this indispensable feature of administration, it is important that assistants accept the management philosophy of their administrator. This acceptance must be real and must be developed to a point where assistants and administrators react uniformly. The notion that dissimilar management philosophies can coexist in an administrative team without detriment to the organization is a fiction. An assistant to be effective must adopt and reflect the administrative philosophy of his superior.

Where philosophies are divergent the assistant may attempt to win the administrator over to his point of view. He has every right to exert his will as long as he does so through established channels within the organization. He has no such right outside of channels. The administrator usually will welcome from his assistant an opinion different from his own. Even though it may have no effect on the matter at hand, although it's surprising how often it does, its expression helps toward a deeper exploration of the issue and at least evidences the thinking process. In the final analysis, however, the management philosophy and decisions of the administrator must be adopted. If an assistant cannot honestly accept them, he will be unable to function effectively or in good conscience. In this, as in most aspects of the assistant-administrator relationship, there is no tenable middle ground.

A function often carried by an assistant for his administrator, but one which is seldom labeled or even admitted, is that of confidant. The hospital administrator, like the naval captain and the field general, lives in a job-world not wholly shared with anyone else. The intricate network of relationships and strategies which make up this world cannot be fully experienced or worried about by anyone ex-

cept the administrator. At times the administrator may bring the assistant into this world and the assistant so invited should feel genuinely honored. Words spoken, thoughts expressed, advantages gained, opportunities missed, and battles yet to be waged are all a part of this trip. Some of the assistant's most valuable seasoning and insights are a product of such sessions; implicit, however, in the role of confidant is a trust that tales will not be carried. Any breach of this trust destroys the function and creates significant, if not irreparable, damage to the assistant-administrator relationship.

### **Tests Assistant's Judgment**

The confidant function has several aspects beyond that of conversation alone. What may seem to the assistant to be gossip about the personality of an individual in the hospital setting may be the administrator's way of confirming an opinion of his own. This can be done equally well by observing reactions to either positive or negative expressions. Often the administrator will utilize these sessions to test the opinions of the assistant and often, too, to test his judgment. There is always a fair amount of pure and simple "grievance drainage" present. The assistant or the administrator who can separate and categorize all of these aspects during such a session probably has no need to attend. The important feature is that both the administrator and the assistant benefit.

An important function of an assistant, and one he performs both early in his career and frequently throughout it, is that of getting and giving information. Administrative decisions require facts—usually the more the better. While management decisions usually are made with a knowledge of most relevant fact, it is safe to say that few, if any, decisions are made with a knowledge of *all* pertinent facts. Administrators have learned that a quest for full information on every matter coming up for decision is impractical and that a compromise of selected key

information does produce effective results. The quantity and quality of factual information for different operating decisions varies with the individual problem; the administrator or decision maker must determine the level required. Administrators' acceptance of compromise on the amount of information required for decision making, although willingly done, tends to whet their appetites for additional facts. This tendency, coupled with the need for more decisions and consequently more facts in the management of today's modern hospital, results in much of the assistant's time being allocated to the fact-finding process—particularly in his early administrative years.

Both the getting and the giving of factual information by the assistant are critical to the assistant-administrator relationship. The administrator must rely upon the information provided him and is entitled to material that is both complete and without bias. Completeness is used here not in the sense that it is total information, but rather in the sense that that which is acquired is accurate. All too often assistants extrapolate from core factors without backtracking all the way for verification. This off-the-cuff approach occurs oftenest in areas where the assistant feels he "knows" the answers or where on a logical basis the extrapolated facts seem to be clear. There is no rationale or justification for this sort of approach. An administrator, in all cases, would much prefer an "I don't know" finding rather than guesses, which in all likelihood he could make better than could his assistant.

The other side of the fact-finding coin is the transmission and interpretation of information once it has been assembled. This is a difficult process even in the most harmonious assistant-administrator relationships. The glossing of unfavorable findings in an area which is the direct responsibility of the assistant, the arrangement or interpretation of data to reflect an assistant's bias, or the overt omission of key factors all spell discord to the relation-



*As difficult and unnatural as it may be, the wisest  
course for an assistant, in many cases, is to be quiet*

ship. Equally as bad is an attempt of an assistant to slant a factual presentation toward what he conceives his administrator's bias to be, to the degree that it becomes misrepresentation. The seasoned assistant knows the biases of his administrator and, in fact, has pretty much the same ones himself, if the administrative team is functioning effectively. Uniformity of bias is necessary and desirable in multiple-man management; the arrangement of facts to fit this bias is not.

Many assignments that come to an assistant often involve the detailed accumulation of data or other similarly laborious and usually uninteresting work. One of the common misconceptions of new entrants into administrative positions is that this type of work is always accomplished at lower levels of the organization — the administrator's job being only that of interpretation. Acceptance of the fact that an administrator, too, must not infrequently roll up his sleeves and do a little uninteresting fact gathering is often a difficult lesson to learn. This kind of work is part of management and, no matter how highly organized the institution may be, the successful top executive finds some of this kind of activity a necessary part of his job. The assistant who at first thought considers delegating an assignment of this sort to his secretary might do well to ask himself why the administrator's secretary wasn't asked to do the job in the first place.

The impression is sometimes expressed that appropriate job conduct of administrative personnel can be assumed. This statement is usually supported by the premise that the social and educational exposure of persons in this level of management has already provided the necessary benchmarks for the individual in his organizational conduct. Actually this is seldom if ever true. Our parents, our schools, our churches, and our universities do a good job in formulating intellectual, spiritual and moral bases for conduct. Fortunately, for the most part, these are readily transferable to

the organizational setting and for those situations where the transfer is at "par," difficulties seldom occur. Those areas where problems in conduct of young administrative people do arise are usually peculiar to the character of the organization and most often involve a breach of hierarchy or local standards.

#### **Analyze Patterns of Conduct**

The assistant administrator should pay particular attention to the established patterns of conduct in an organization and consciously analyze the "why" of their existence. It is impractical and unwise for anyone to mimic the conduct of other management people within an organization. Conduct in most instances is too closely tied to personality and when mirrored becomes dangerously obvious. Generalizations drawn from an analysis of prevalent conduct patterns when combined with a moderate amount of thought-before-action will yield valuable clues for the assistant in his behavior within the organization.

One of the common acts of misconduct of assistant administrators is the well intentioned, but insensitive or inappropriate, remark. Administrators in their developmental efforts on behalf of an assistant will often invite him to meetings at which the assistant himself has no contribution to make. The purpose of his attendance is purely that of observation and exposure to the complexities of various administrative situations and functions. Critical issues can be at stake in such instances and often the administration, as such, is on exhibit. The inappropriate, unconsidered or unasked for comment from the assistant can clutter, impede and, in the extreme, defeat management's objectives. Even remarks that are germane to the conversation and that seem appropriate to the assistant may be out of order because they do not fit the administrator's strategy. The embarrassment of such incidents to the administrator and to the assistant himself are usually significant. As difficult and as unnatural as it may be, the

wisest course for an assistant in many cases is to be quiet.

Another pitfall of conduct facing young assistants, and at times facing those somewhat more experienced, is that of "politicking." Introspectively, it is sometimes difficult for the individual to separate this activity from just being a good fellow. The small favor, the occasional preferred attention, or the slight deviation from policy, can be rationalized as necessary and appropriate activity. When properly labeled, such actions usually warrant a tag of politics. The cumulative effect of such misdemeanors is substantial even in the short run. The assistant who mounts the merry-go-round of minor sins finds it never stops. The situation often becomes insoluble even to one highly skilled in maneuvering. Conduct of this order is without malice and usually accompanies newly vested power. It is relatively normal and natural behavior and for this very reason must be carefully guarded against by the assistant desirous of sound relationships within an organization.

Good assistants grow to be good administrators. Such growth results from the nurture and stimulation of a job well done by the assistant. What has been outlined here are some facets of a relationship that are particularly important to an assistant desirous of growth. Only through conscious and considered actions and attitudes can a climate necessary for development be achieved. In almost all instances assistants can be assured that this kind of climate is of as much concern to the administrator as it is to the assistant himself. In general administrators are predisposed toward a climate of this sort. Successful relationships with department heads and others within the hospital environment are not achieved in any other. The burden of growth rests principally on the shoulders of the assistant himself. This, however, may prove to be not too difficult, if the assistant will realize that the way to grow is simply to be a good assistant administrator. ■



NEW YORK.—Better hang on to your hat.

The 1960's are going to soar, according to the nation's economists, and the big push will come from a booming population.

"A fairly conservative estimate," write Economist George Cline Smith and his associates in *Architectural Record*,\* "is that in the next decade, our population will grow by about 34 million people, roughly the equivalent of the total present population of Canada, Cuba and Australia combined.

"In effect," they point out, "we will be adding the Chicago metropolitan areas, suburbs and all, every two

per cent, consumer prices up 2 per cent), and there will be a modest rise in industrial production.

Several things, though, could turn this forecast around. Two potential problems in particular worry the economists: labor-management troubles and tight money.

"The issues in the major strikes that characterized late 1959 were considered of more than usual importance by both sides in the disputes, and they are symptomatic of attitudes which might result in further troubles in 1960," caution the authors.

"Interest rates," they write, "have returned to pre-New Deal patterns.

## *They're Calling Them the 'Soaring Sixties'*

**Economists see the decade ahead as the beginning of the greatest building program of all time**

years. This means a tremendous new market, not only for construction, but for nearly everything else."

The real upsurge will come, not immediately, they note, but in the middle and later sixties, when the children born in 1945 and later grow up. Then, they say, marriages and the demand for housing will increase and "a new upsurge of births will not be far behind."

Although the mid-sixties appear to hold the greatest promise for boom times, 1960 will be no slouch, according to the authors.

Most economists agree. More than 270 of them gave their views on what's ahead in 1960 in a survey sponsored by the F. W. Dodge Corporation.

Here's how they see next year.

Business will be good, they predict, with rising personal spending, higher wages, and greater output in most industries. Gross National Product will be about 6 per cent higher at the end of 1960 than it was in mid 1959. Inflation will continue in a moderate way (wholesale prices up 1

but the economy has not. Since this is a new combination of circumstances, there is much speculation as to how much dampening effect extremely high interest rates will have on the economy."

All in all, though, the economists don't seem too worried. "We seem headed for the best year yet," they say.

And what's beyond is even more spectacular.

Here's why.

According to conservative estimates, our population will double in the next 40 years.

What does this mean?

Economist Smith and his associates have a bold answer. It means, they write, that we "are on the threshold of the most fantastic era of growth and change the world has ever seen."

Moreover, they say, it means that by the year 2000 (only a 40 year mortgage away), "we have to build a second United States, and then some. We will have to double all the structures, all the facilities, that now exist. And we will have to do it before the babies born in 1959 reach middle age."

\*Smith, George Cline; Shute, Clyde; Magee, Edwin E. Jr., and Sprague, Edward A.: *Sighting the Sixties: Launching a Second U.S.A.* Architectural Record 126:8a (November) 1959.

Betty Shelby



Above: Decorative detail at side of Kaiser Foundation Medical Center.

## The Modern Hospital of the Month

# Central Work Corridor Simplifies Nurses' Work

ENTERING the \$4 million Kaiser Foundation Medical Center in Honolulu, Hawaii, a visitor is greeted not by a barren, businesslike lobby, but by one of luxurious spaciousness and beauty. Adjacent to Waikiki Beach, the eight-story hospital, 14th in the chain built by Henry J. Kaiser, commands a view of the beach, the Pacific Ocean, and the Koolau Mountains.

Inside, columns of fluted gold aluminum blend into a raftered canopy of Koa, native wood, while cinder blocks reflect the multicolored tile floor of yellow, blue, tangerine, cocoa, gray and white. These colors are carried throughout the hospital, one predominant on each floor.

Perhaps the greatest departure from conventional planning in this hospital is the central work corridor. It stretches the length of the building, with patient rooms on either side of it. Outside each room is a lanai, Hawaiian for balcony or porch.

*(Continued on Next Page)*

At the time this article was prepared, Miss Shelby was a free-lance writer in Hawaii. She is now on the staff of the American Hospital Association.

Architects for the hospital were Wolff & Zimmer, Portland, Ore., and Edwin L. Bauer, Honolulu, Hawaii. Consultant was Dr. Sidney R. Garfield, Oakland, Calif.

Major achievements of this central work corridor are greater nurse and physician efficiency and absolute visitor control. Here is how it works:

The corridor is separated into individual nursing stations, each serving four adjacent rooms. Each station is equipped with drugs, medications, instruments, treatment and diet charts, x-rays and viewer box, an intercommunication system, and all other materials necessary for each patient attended from the individual station.

Utility units are spaced between the stations. They contain cabinets, sinks, sterilizers, refrigerators, hot plates, and a pneumatic tube system.

#### Visitors Use Lanai

At either end of the corridor a receptionist directs visitors, who enter from the lanai, into patient rooms. Thus the flow of traffic is controlled and corridor traffic restricted to hospital staff and patients. Since visitors do not intrude in the central corridor, it reduces congestion and thus reduces inefficiency, noise and risk of outside contamination.

Advantages of the central corridor in the daily routine of hospital work are obvious. To mention a few: For the nurse, since all rooms in the 150 bed medical center are single or double, the maximum number of patients for which a nurse is responsible would not exceed eight. Should she have this maximum number in her charge and need assistance, other stations are but a step away. Being so near the patient, she can answer calls immediately, can provide medication or other assistance quickly, and can give the close observation normally expected only of the private nurse.

For the physician, just prior to entering the patient's room he has the entire record before him: chart, temperature, pulse, medications, treatment, diet, x-ray film, and laboratory reports. At a glance he knows the patient's status. He does not waste time tracking down a record here, an x-ray there. Also, the nurse is readily accessible should he have questions about the patient.

Patient rooms are in keeping with the modern, efficient design of the rest of the hospital. The exterior wall of each room is of tinted plate glass. Should the sun be too bright or the patient want more privacy, he merely pushes a button by his bedside, and



View of the Kaiser Foundation Medical Center overlooking Waikiki Beach. New dictating system allows doctors to dictate records from boats in harbor. Another view of the hospital is shown in color on this month's cover.

#### What a life!

## Dictation by Remote Control Lets Doctors Go Fishing and Still Keep Up With Records

**M**EDICAL records should not be a problem for the Kaiser Foundation Medical Center, for it has one of the latest innovations in central dictating systems, electronic dictating machines operated by remote telephone control.

#### Dialing Controls Machine

The doctor who wants to dictate a case report simply picks up the nearest telephone, be it in the hospital, at his home, or on a boat in the harbor. He dials the station number which is one digit and is connected to a dictating machine in the hospital's central typing pool. He dials another digit to record, another to play back or make corrections, and another to stop the machine or ring an attendant for instructions.

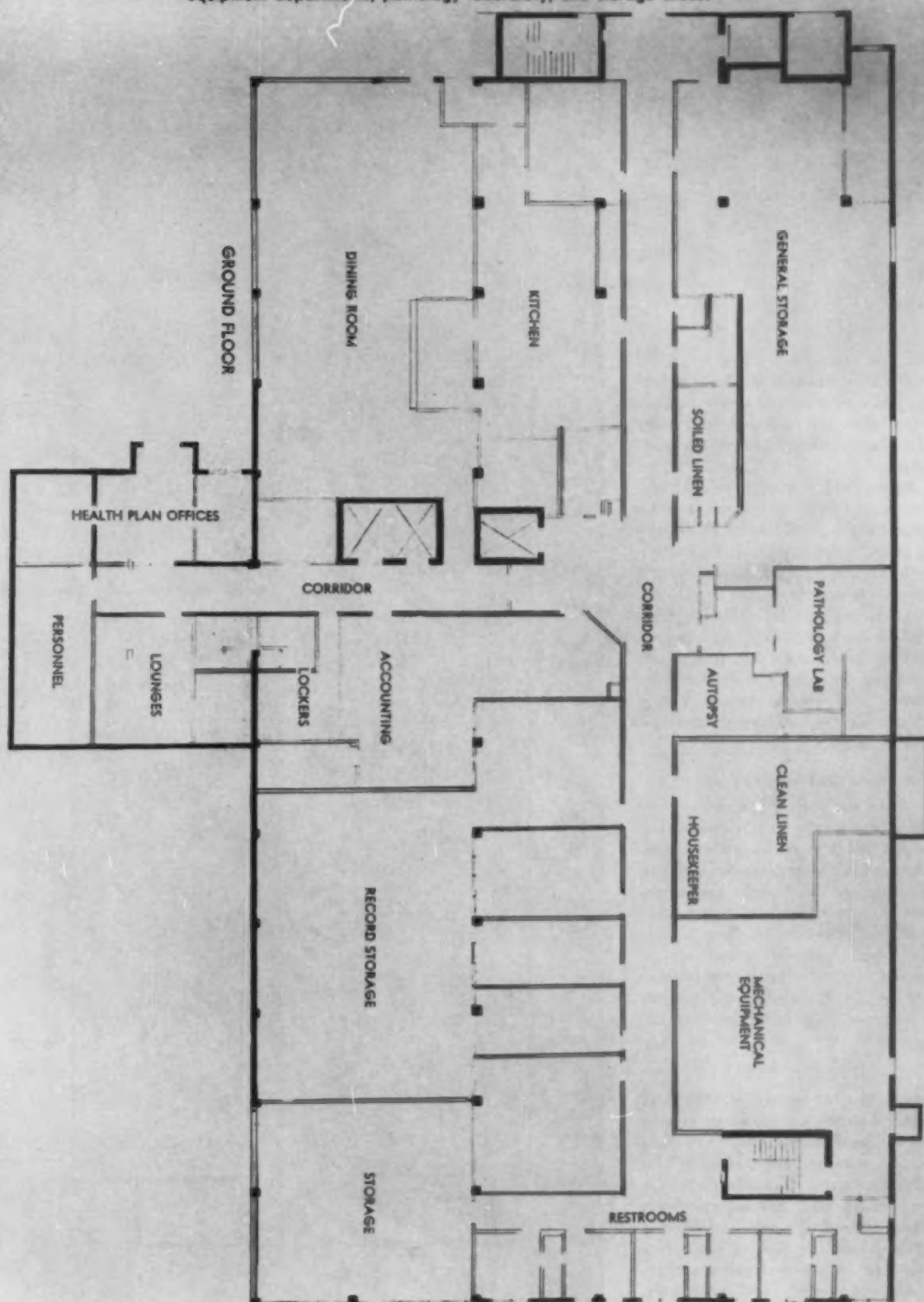
Since there are four dictating machines in the typing pool, four physicians can record simultaneously.

Stenographers transcribe the tapes within a few hours of dictation.

In the ordinary operation of the dictating machines, an attendant must remove the magnetic tape when it is filled and replace it with another should the physician wish to continue dictating. Local technicians, however, devised a system for automatic switching from one machine to another as dictation continues and tape runs out. The four dictating machines are hooked up to telephone company dictating links that permit more than four hours of uninterrupted dictation without an attendant being present to change the tapes.

While the dictating system, *per se*, is certainly a "first" for Hawaii, Kaiser Foundation officials say the system of relays for positive, automatic and remote control may possibly be a "world first" since it was developed with no outside technical assistance. ■

Plan of ground floor showing grouping of medical records, kitchen and dining room, health plan offices, housekeeping and mechanical equipment departments, pathology laboratory, and storage areas.



electrically controlled fire-resistant draperies move silently across the windows. Beds are equipped with automatic push-button controls for positioning.

Each room has its own clothes closet, shower and toilet. Within reach of the patient is a built-in cabinet containing a utility sideboard and a lavatory with hot and cold water, plus chilled drinking water.

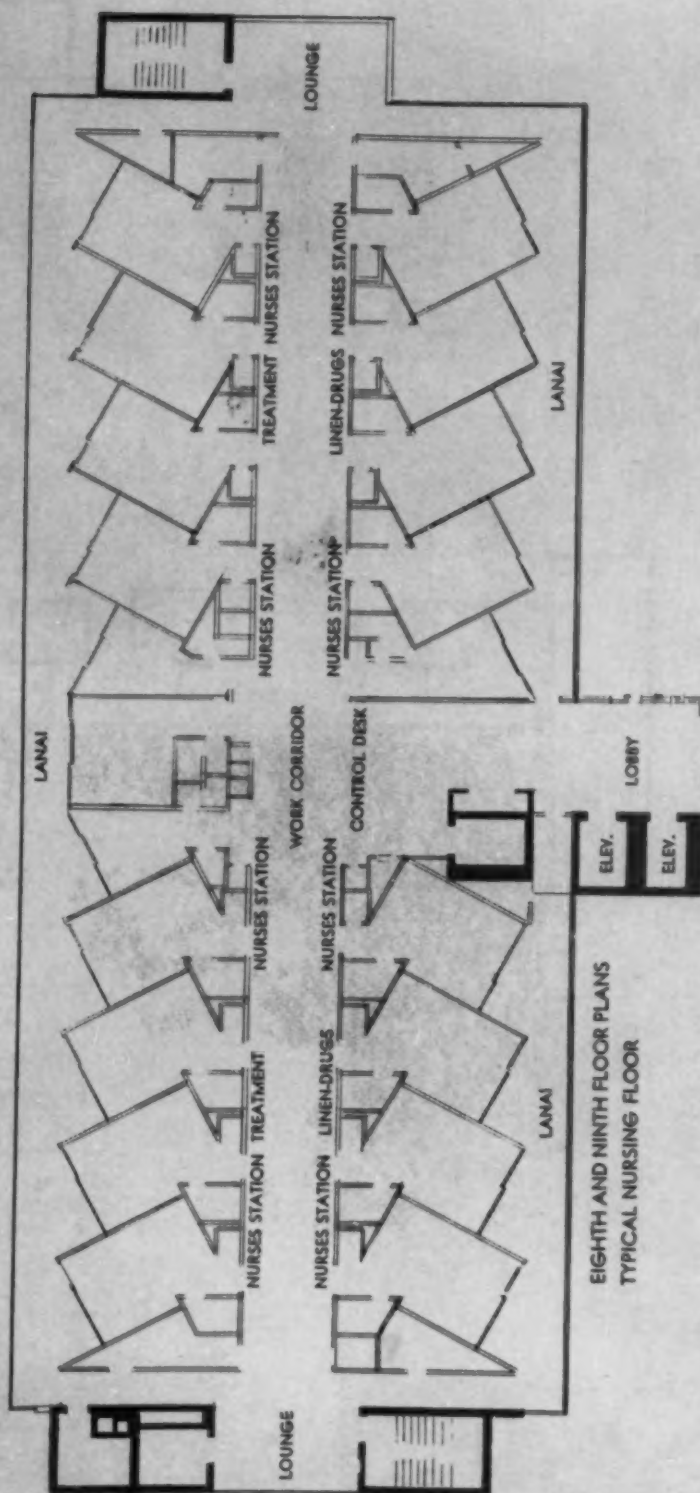
A "floating" overbed table for meals doubles as a makeup table (with mirror) and a book rest. All rooms are equipped with radio, television, telephone, and piped-in oxygen. Rooms are air conditioned with packaged window units.

#### Can Have Outdoor TV

When the patient wishes to spend some time on the lanai, he need only push a button to ask for a wheel chair. The lanai has been equipped with two electrical outlets so radio and television may be transferred outside.

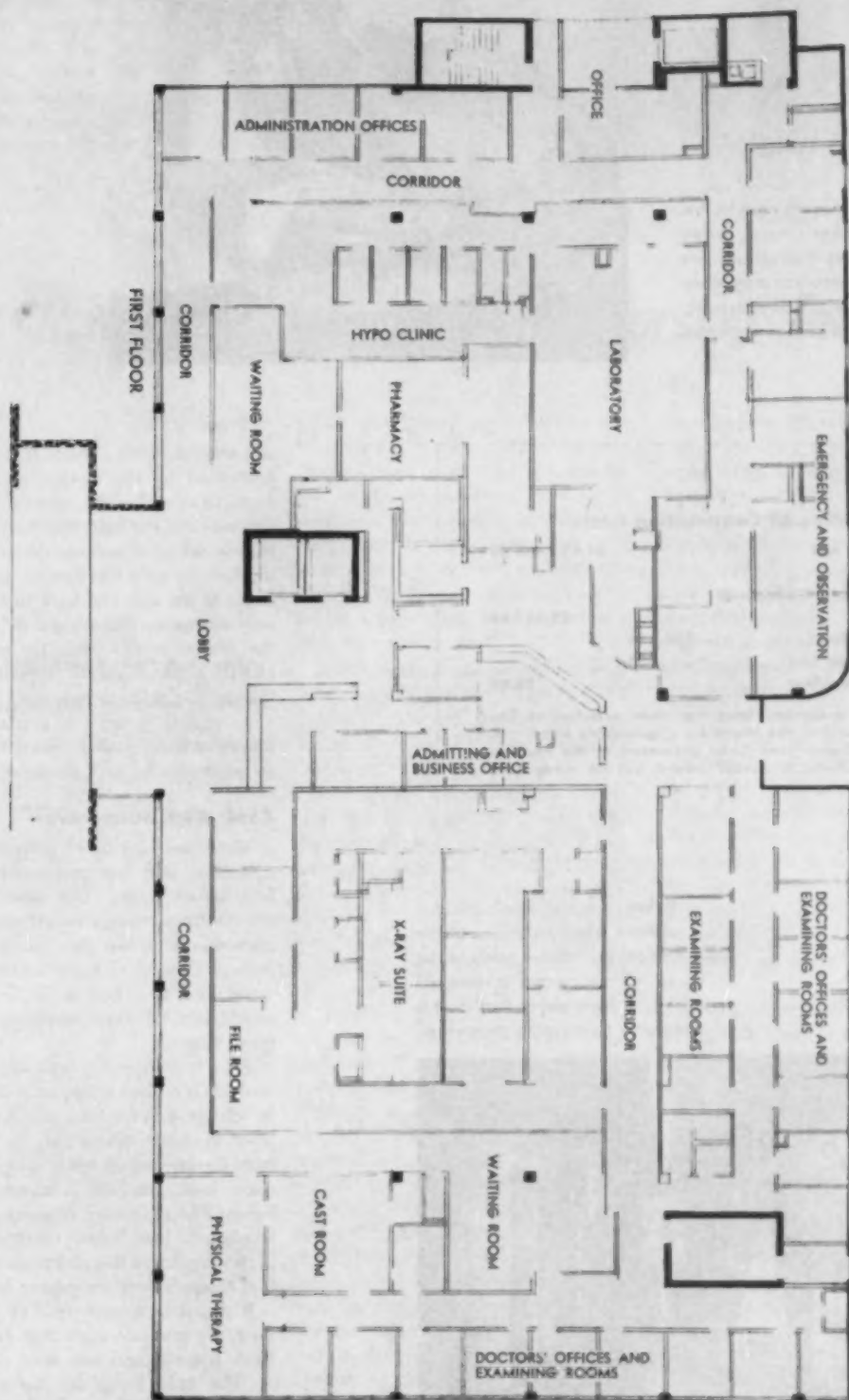
Rooms in maternity differ in only one respect. Double rooms are arranged around a small four-bassinet nursery. Walls between the two are soundproof. Next to the mother's bed

Right: Plan of typical nursing floor shows how work is centered around central work corridor with its eight nurses' stations, each serving four adjacent rooms. Opposite page: On the ground floor are administrative office, examining rooms, and doctors' offices. Separate waiting rooms are provided for the emergency service, x-ray department, and laboratory.



EIGHTH AND NINTH FLOOR PLANS  
TYPICAL NURSING FLOOR





From nursery next to the mother's room, nurse gives instructions for care. Mother may slide bassinet with baby through wall to her bedside.



#### Outline of Construction Costs

Total project cost .....	\$4,453,443.00
No. of beds .....	157
(planned for 36 additional)	
Cost per bed .....	28,365.88
Total square feet .....	154,126
Square feet per bed .....	735
Cost per square foot .....	28.89

The hospital presented here has been selected as The Modern Hospital of the Month by a committee of editors. Award certificates have been presented to the hospital and the architects. A similar award will be made each month.

Below: Central work corridor around which activities of the medical center revolve adds to the efficiency and is removed from visitor traffic. It is used only by hospital personnel.



is a window with a shade that can be controlled by the mother or by the nurse from within the nursery. Behind this window, the baby lies in a bassinet that is set in a wooden drawer. The mother can slide this drawer, with the baby, to her side and back to the nursery whenever she wishes. Whenever the drawer is slid back, the nurse in charge is automatically signaled that the child is again in her care.

A regular nursery is available for infants whose mothers do not prefer so much contact with the newborn.

#### Cook With Microwaves

Meals are sent up to patients from a kitchen that has one conventional four-burner range. The other stoves are electronic ranges which cook with microwaves. When the Thanksgiving turkeys thawed in eight minutes and were done to a turn in 26, even the conditioned dietary employees registered surprise.

Food is prepared in bulk and undercooked. It is then wrapped and stored in refrigerators for later use. Any time prior to meals, plates may be served from the precooked stock, say plates of roast beef, mashed potatoes, green beans. The plates are covered and refrigerated. Just before mealtime, the plates are set in the electronic ranges, and seconds later are piping hot.

Plates are transported to patient floors by portable carts that keep hot foods hot and cool ones cool.

"The only complaint we've had," reports Helen Flynn, nutritionist, "is that the hot foods are too hot." ■

Man to man talks often occur at Methodist Hospital, Gary, Ind., where Glen Dreher, R.N. (left), is director of nursing service and Edward Higgins, R.N. (far right), is his assistant. They are shown with student nurses John Yeoman (l.) and James Maves.



## Mr. R.N. Is Wanted on the Nursing Team

**Allen Rankin**

**Experience with male nurses indicates that they offer a splendid source of recruits to help solve nursing shortage**

ELEVEN years ago, Ada, Oklahoma's Valley View General Hospital was looking for a nurse for the key post of operating room supervisor. Unable to find a qualified woman, they broke a precedent and hired a man — but not without misgivings. Would the rural community accept a male nurse in a post serving both men and women?

It did, without raising an eyebrow. "Our operating room," reports Mrs. Celeste K. Kemler, the hospital's administrator, "works more smoothly than ever before."

Men nurses serve in such a variety of jobs and places that people who see them at work often fail to recognize them for what they are. For example, nearly every week Burton Bortnicker, a 31 year old six-footer whom many mistake for a detective, pursues some fugitive through the bars, back alleys and tenements of the Newark, N. J., slums. Recently after tracking one man for more than a year, Bortnicker finally caught up with him, overpowered him and carried him bodily to a municipal hospital. The fugitive, an illiterate with advanced tuberculosis, had been fleeing from medical care that could save his life.

Bortnicker is one of America's estimated 11,040 registered men nurses. A member of the Newark Health Department, he goes into places considered too dangerous for women nurses. His vital task is to check on about 250 known cases of TB. Watching for flareups of the disease, he must get active cases into the hospital — for treatment and to prevent them from

spreading the infection. An important part of his work is to help underprivileged families understand the nature of such a patient's affliction while it is being treated. Other male registered nurses serve in capacities which include bedside patient care, executive positions, missionary work, and parachute jumping.

Hospital authorities are wondering how long a nation with a critical shortage of nurses can afford such an outworn notion as thinking of nursing as "woman's work." Although we have more nurses today than ever before — 460,000, 97.6 per cent of them women — there are still only 258 to serve every 100,000 people; and many entire hospital wards are closed for lack of nurses. Experts say we need a total of 600,000 R.N.'s currently and will require 700,000 by 1970. Yet the total R.N. force increases by only 10,000 a year.

Where, then, will the new nurses come from? Isn't it time seriously to consider "manpower"? With only 225 male students a year now graduating from nursing schools, this resource is virtually untapped. Couldn't a great many more men find their true calling somewhere in nursing?

Many national health planners are certain that they could and will. But, in all discussion of the possibilities, the inevitable question arises: Is there enough financial future in nursing to interest a man who really wants to get ahead? The answer is frank and clear. No one ever becomes a nurse primarily to make money.

However, nursing salaries get high-

er as you go higher. And for men nurses who get college degrees (and thousands do) there's a surprisingly big top to shoot at. If a male RN has what it takes, he can become a professor in a college school of nursing at a median salary of \$7130; a public-health-service worker making up to \$13,831; a ranking nurse in a veterans' hospital at a top figure of \$9500; a nurse-anesthetist in the \$10,000-or-more bracket, or, with additional training, a hospital director earning as much as \$15,000.

Because the word "nurse" has always brought the image of a woman to mind, the average high-school boy contemplating a nursing career may be afraid there is something feminine about this business. On the contrary. A top spokesman for the National League for Nursing's Committee on Careers answers the question succinctly: "The kind of men who make good nurses are precisely the same kind who make good doctors, teachers, social workers and ministers. Nursing has nothing to do with gender. The best nurses are those who like people genuinely — enough to want to devote their lives to helping them when they need help most."

How easy is it to become a male nurse? Today well over half of the nation's 1145 nursing schools welcome promising male high school graduates 18 to 35 years of age, and in many cases liberal scholarships or grants-in-aid help them through one of three nurse-training programs.\* The main one is the three-year "In-Hospital School" program, which trains 82 per cent of America's R.N.'s. Still another program enables a candidate to specialize in training at a major college or university at minimum cost by working as a student nurse at a nearby hospital.

Probably the most important personal qualification for a successful nursing career is the sense of dedication to a life of service. Students without this sense seldom survive the rigors of training. In fact, most schools have a six-week probation period during which those who find the career not for them are free to drop out.

A typical male student nurse is 24 year old Richard Gierman of Cleve-

## Few Hits But Mostly Misses at Coeducational Nursing School

It's been a long time between male students at Northwestern Hospital's school of nursing in Minneapolis. The school has traditionally been listed as co-educational. Up to now, though, this program has been something less than a hit — although it has attracted a lot of misses. Trouble is, the hospital's newsletter notes ruefully, most men have apparently been frightened away from the profession for one reason or another. But no more, officials hope.

This year, for the first time since 1883, three men enrolled at the school. One of them, John A. Miller, already has a master's degree from Northwestern University, Evanston, Ill. Another, Rudolphus Henderson, is an air force veteran who attended the medical technicians school at Fort Sam Houston, Tex. The third student, William Henry, served in both the army and air force and attended the medical-surgical technicians school in San Antonio, Tex. ■

land. Good looking, rugged Gierman was first introduced to nursing in the navy several years ago. As a medical corpsman he found, to his surprise, more satisfaction in his work than in any job he had ever tried before. "At the end of each eight-hour day," Gierman recalls, "I felt I had really accomplished something, that I had really been of service to a lot of people." It was then that he decided he wanted to be a nurse.

Today, Gierman is a junior at Mills School of Nursing for men, at New York's Bellevue Hospital — one of the largest and best-known of such institutions. Visiting him there last spring, I found the school astonishingly uncrowded. In fact, its sparkling new East Wing dormitory, built to house 150 male students, was occupied by a total 1959 enrollment of only 32.

For three years of excellent education, Gierman laid out a total of \$160 — for his uniforms and books. Everything else — tuition, room, board and laundry — is free. Furthermore, he is paid \$20 a month for pocket money. While learning actual nursing in the hospital, Gierman must cram hard on medical subjects like anatomy, chemistry, dietetics and pharmacology.

After graduation next year, Gierman plans to return home to Cleveland and put himself through college by working in University Hospitals as an R.N. With credits for nursing courses, he can get a college degree five years from the time he entered Mills — in just one more year than he would have gotten it by conventional methods — and three years of this education will have been virtually free! He plans to make public health his life's work.

The great majority of men nurses serve in all-male wards, many of them in neuropsychiatric hospitals, where some 47,000 more are needed right now. But every day more men are moving into general hospital work, especially as operating room nurses and anesthetists. Still others are taking their nurses training into the armed services. Robert M. Stauffer, for example, comes tumbling from the skies with a first-aid kit strapped to his back. Stauffer, a platoon leader in the 101st Airborne Division, at Ft. Campbell, Ky., is one of six newly-commissioned nurse-1st lieutenants in the paratrooper reserves. No matter where his platoon is ordered to jump, he jumps right with it, doubling as nurse. To-

(Continued on Page 144)

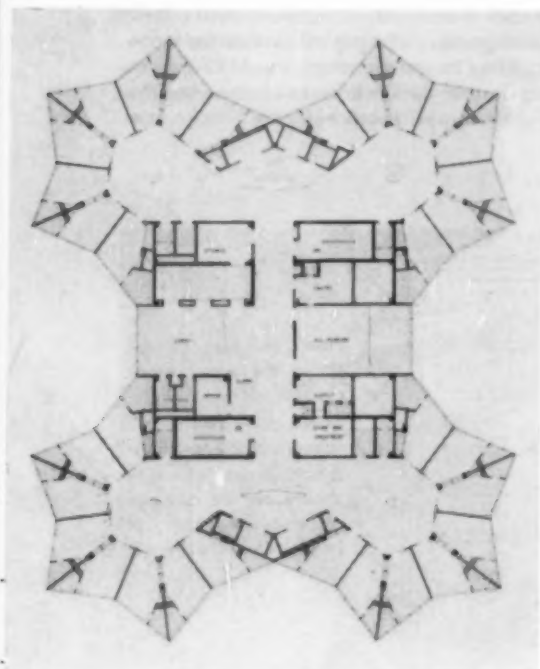
\*For detailed information about nursing schools, please write Committee on Careers, National League for Nursing, 10 Columbus Circle, New York 19.

**Students architects offer  
plans to match developments  
in hospital and medical care**

Rendering of proposed 200 bed hospital with hexagonal nursing units.



## ***New Ideas in Hospital Design Fit New Ideas in Patient Care***



Plan of typical patient floor on which patients are grouped in four 8 bed units. All rooms are private.

**F**LEXIBILITY and adaptability characterize the hospital designs proposed by three graduate students of architecture. The plans illustrated on this and the following two pages include (1) a hexagonal nursing unit in which all rooms are private; (2) a village for the mentally ill, and (3) a general hospital incorporating the principles of progressive patient care.

In his thesis submitted for a master's degree, Robert H. Levine, of the University of Minnesota School of Architecture, explains that the hexagonal unit shown here affords great flexibility with regard to assignment of patients on the basis of sex, age and disease condition. Provision of private toilets reduces utility area requirements since most of the work can be done right in the patient's room, he points out, and the location of the wash basin within the bedroom frees it for staff use at all times. Circulation is simple and direct. Public and service elevators are easily distinguished; all traffic control is centralized at the clerk's (or supervisor's) desk, and charting areas are in the direct line of vision from central control, it is explained. Horizontal travel distances have been decreased.

Relocation of the doctors' writing desks closer to patients' rooms will reduce the usual confusion and clutter of the charting areas at peak hours, Mr. Levine believes. A glass panel in the corridor wall affords excellent nursing control.

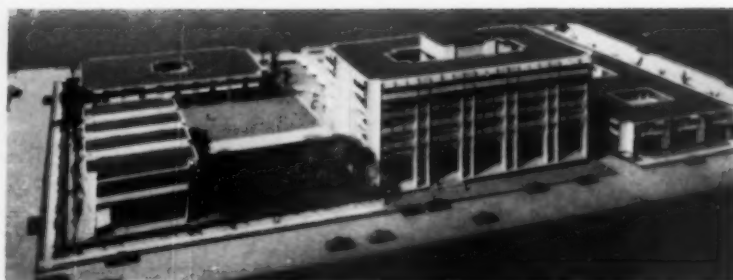
In conclusion, he says: "The plan offers opportunities for increased nursing flexibility. For example, a registered nurse can be made responsible for as few as eight or as many as 16 patients, with 32 patients a possibility on convalescent units or on the night shift. Control may be from the clerk's desk or from either or both nursing stations.

"According to authorities, it is reasonable to expect a 90 to 95 per cent occupancy rate since all rooms are private, in comparison with 75 to 80 per cent on a normal (40 bed) nursing unit."

The hexagonal unit described by Mr. Levine would be incorporated in a 200 bed general hospital expandable to 300 or 350 beds. ■



Architect's model shows the shopping center at right; medical building with parking area below (center); active recreation building (in left foreground) and residential building shown in background at left.

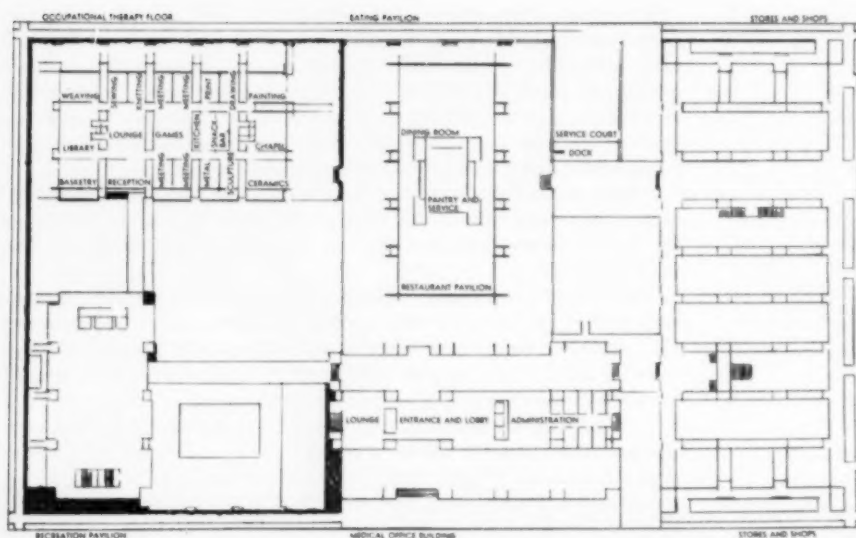


## 'Village' Designed for the Mentally Sick

THE philosophy behind this "village for the mentally ill" is to treat the patient within his own environment; therefore the problem was to create an environment that contains the basic aspects of daily living. As conceived by Bruce P. Arneill, a graduate of Yale School of Architecture and winner of the Magnus Hopper Fellowship for hospital design, the village would be incorporated within a community and most patients would live in their own homes and receive treatment on an outpatient basis. However, 108 beds have been provided for patients who need hospitalization.

Facilities contained in the village, shown in the accompanying model and drawing, include: (1) a small shopping center with an office floor above the shops and a public dining pavilion; (2) a medical office building which constitutes the main entrance to the village and houses doctors' offices, administrative offices, and a hotel floor; (3) a two-level parking area; (4) a private pavilion for active recreation and therapy, and (5) a building for quiet recreation and living units.

The physical aspect of the village is quite flexible in terms of expanding the buildings or changing their interiors, Mr. Arneill points out. ■



Plan of the village shows the open areas. Courts on the hotel floor and living unit floor provide outdoor areas for patients who should not be allowed absolute freedom to leave the village.

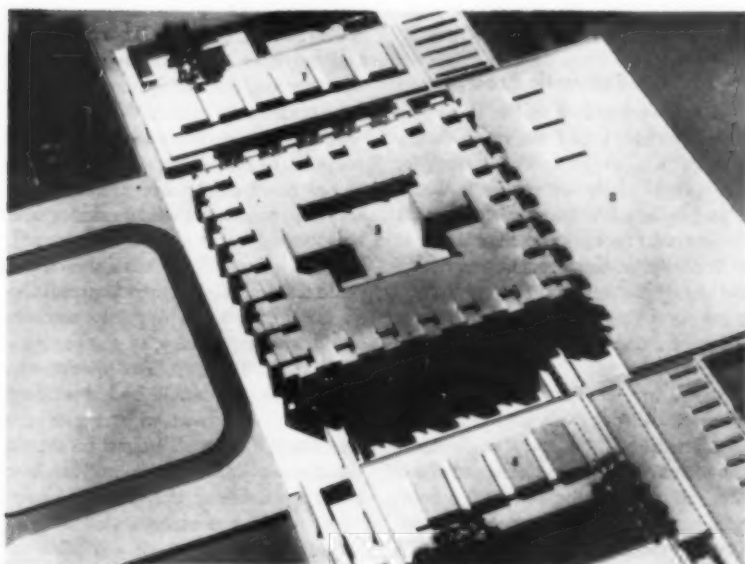
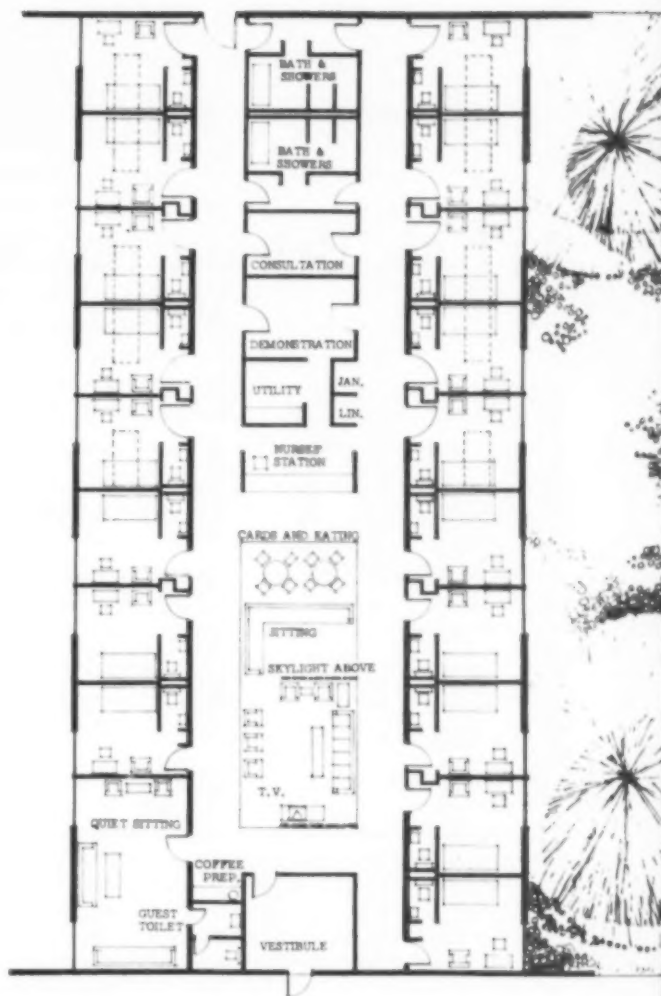
## Patients' Progress Is Horizontal in This Plan

**F**LEXIBILITY is nowhere more important than in a hospital designed for progressive patient care, according to Marc Goldstein, graduate student of the Yale School of Architecture, who undertook the planning of a progressive care hospital as his master's degree project.

A Hopper fellowship winner like Mr. Arneill, Mr. Goldstein based the horizontal design of his 240 bed hospital on the principle that it offers four major advantages: ease of expanding all major departments in an orderly manner; good differentiation of the environmental characteristics in the four zones of care (intensive, intermediate, self-care and long-term); good traffic control, and economy.

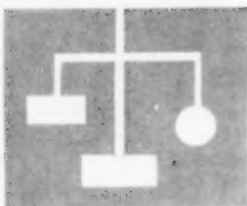
Because the ratio of patients in the intensive, intermediate and self-care units is bound to vary from day to day, Mr. Goldstein designed these units to handle overloads from the adjacent zones. Thus the intensive care section can take a certain number of intermediate patients; the intermediate unit can include intensive and self-care patients in convertible rooms, and self-care can provide for some intermediate patients.

Mr. Goldstein believes it is important to differentiate the physical environment in each zone in order to reflect differences in both the patients' physical and psychological conditions and in the degree and type of care they receive. Placing three of the four zones of care at ground level allowed needed freedom of planning, he says. ■



Above: Architect's rendering of the self-care unit. All rooms are single. A large central skylit social space is the focal point of this unit. Left: Numbers on the model show position of the four zones of care: (1) long-term; (2) intermediate; (3) intensive; (4) self-care.

# What's Behind the Administrative Process



How an enterprise will behave depends  
on two sets of variables — and both  
of them must be understood and regulated

Ray E. Brown

THE nature of administration requires that it be a means rather than an end — a route rather than a destination. This fact is recognized when we speak of the "administrative process." The dictionaries define process as a systematic series of actions directed toward obtaining some end. Our management literature, however, has not been too successful in reconciling itself to this definition of process and some writers have apparently confused the actions of administration with the end toward which the action was directed. These writers talk of different processes of administration being utilized in different situations and as between different types of enterprises.

On one side we have administration being studied and practiced by the type and purpose of the enterprise to be administered. Both in our universities and in our professional societies we have developed autonomies called business administration,

public administration, educational administration, hospital administration, and even restaurant administration.

On the other side we have banded our curriculums and our colleagues together by technical and professional activities and have thus isolated ourselves into procedural domains such as public health administration, social service administration, and nursing administration.

## More Than Semantic Problem

If this were only a matter of semantics it would be of no more consequence than utilizing a nickname for the activity of the enterprise in which a particular administrator is occupied. Or, it could be no more than a means of identifying the special purpose of the enterprise much as one speaks of a truck as being a coal truck, an ice truck, or a dump truck. But it becomes more than semantics when the universality of the process is denied, or ignored, and the study and practice of administration is largely confined to the techniques and procedures utilized in the activities of the enterprise being administered. Just as a truck is a truck, no matter what it hauls, so the adminis-

trative process is the same process, no matter what the activity or ends of the enterprise it serves.

The universality of the administrative process is concretely demonstrated by the success with which administrators switch between quite dissimilar fields such as industry, government, education and the military. The successful transfer of administrative skills between dissimilar enterprises and agencies is of course dependent upon an understanding of the special environment in which the particular enterprise operates and the special purposes of that enterprise.

For some enterprises and agencies the environment is very complex and the ground rules are quite stringent. A knowledge of the environment in some fields of administration may be so important as to require extensive study, and experience, of the environment itself. The best boat pilot on the Mississippi river would be lost without a chart if he tried to navigate the Amazon. Given such a chart he should do a very creditable job. The best chart available of the Amazon, however, would not make a skillful pilot out of a novice.

Mr. Brown is superintendent of the University of Chicago Clinics and director of the graduate course in hospital administration of the university. This is the second article in Mr. Brown's series on problems of administration. The first appeared in the November issue.

A knowledge of the environmental factors of the enterprise is only a condition precedent to effective administration — it is not a substitute for a knowledge of administration or for administrative skill.

The administrative process consists of universals regardless of the purpose or type of enterprise in which it functions. The variations are in the application of the process. These variations seem to occur in connection with two sets of variables. One set is concerned with the administrator who applies the administrative process; the other set is concerned with the enterprise to which the administrative process is applied. The first set is concerned with the practice of administration and has received rather widespread attention in recent years. This attention, however, has not produced a systematic definition of the variables in administrative practice, mainly because the attention has been focused on the administrator rather than on what he was doing. The efforts, in part, can be compared to an attempt to discover the magician's tricks by watching the magician rather than his hands. The administrator should not be likened to a sleight-of-hand artist but he does have, and use, an art.

The second set of variables evolves from the enterprise itself. This facet of the administrative process has received scant attention from students of administration. This is perhaps the major reason that there has been such difficulty in reconciling the universality of the administrative process with the administration of dissimilar types of enterprises. There has also been some confusion as to what actually constitutes dissimilarity between enterprises insofar as dissimilarity influences the application of the administrative process.

This confusion is best illustrated by the sharp distinction made between "business administration" and other fields of administration. Some hospital administrators, for instance, are quick in pointing out that hospital administration is quite different from business administration. Educational administrators are about as quick on the draw in making the same disclaimers. Since the "nonbusiness" administrators could not be expected to argue so strongly about being worse administrators, or better, than business administrators, the differences must be other than

### Seven Dimensions Influence the Administrative Process

1. **The cost dimension**, which represents the concept of least possible cost for most utility.
2. **The quality dimension**, which carries the concept of the best job regardless of cost.
3. **The human relations dimension**, which involves the concept that the primary purpose of the enterprise is to provide the greatest possible rewards to the members of the organization.
4. **The public dimension**, which carries the concept that the public's welfare comes ahead of the welfare of the consumer, the employee and any other ends of the enterprise.
5. **The institutional dimension**, which is concerned with perpetuating and enlarging the enterprise itself.
6. **The administrator dimension**, which reflects the fact that the administrator cannot divorce his personal well-being from his actions as an administrator.
7. **The ownership dimension**, which is basically capital oriented since the provision of capital grants the owner his influence and the protection of capital is the only means of assuring his influence.

qualitative. It is germane to this discussion to examine briefly the question of differences between fields of administration as they might be expected to influence the application of the administrative process.

First off, the element of profit might be argued as the chief characteristic marking business administration off from some of the more important of the other fields of administration. Excluding the unprintable comments that some of the more embittered stockholders of profitless for-profit corporations might make, one can point out that in the hospital field a substantial number of hospitals are proprietary and not chartered or operated as nonprofit enterprises. Competition might be suggested as another important element distinguishing business administration from the other fields of administration which claim to use a different administrative process. There are too many instances of complete monopolies in the business field, and too many instances of severe competition among enterprises in the non-business fields of administration, for competition to be considered as a unique feature of business administration. The highly organized advertising and student recruitment activities of

most colleges are good evidence that a high degree of competition does exist among nonprofit enterprises.

When this question is argued with those who support the idea that different fields of administration use different processes of administration, or at least make different applications of the same process, the argument finally centers on the point that the difference between fields of administration is one of goals and purposes. It is true that the purposes of a particular enterprise do influence the manner in which the administrative process is applied within that particular enterprise. But enterprises are not grouped into special fields by purpose in the sense that "purpose" is used here. Purposes, goals and objectives have become halo words in the lingo of administrators but no particular set of them can be said to be the private trademark of any one field of administration. Aside from the product or service they are intended to produce, two enterprises, each in different fields of administration, can have identical purposes.

The different fields of administration are ultimately different only in the sense that the enterprises represented in the field may offer different serv-



*The financial welfare of the enterprise must be the first consideration of administration if the enterprise is to survive*

ices; or may serve different customers or clients; or may have different owners; or may have different production processes or technics; or may have such other topical differences as may be used as a group designation. Actually, they are not different fields of administration but rather different fields in which administration is utilized.

Names are handy things and permit easier and more rapid communication if everyone understands what the name is supposed to communicate. Names can impede communication and do a serious disservice to the subject of the name, however, if the name takes on value meanings that it does not identify and which do not even exist. An analogy to the name trap in which the administrative process has been caught is found in the values which have been attached to the color differences of human beings. Skin color is a useful and valid means by which to help describe a specific individual to a stranger. It is more than useless and invalid, however, when a superficial skin characteristic overrides the more fundamental attributes that all humans have in common and becomes a barrier to communications between persons with skins of different color.

Similar assignment of value meanings to terms that only name the setting in which the administrative process is used (*i.e.* public administration, school administration, library administration, hospital administration) has resulted in an emphasis on the procedural differences in those various fields of activity and a disregard of the substantive elements common to the process itself. Strangely enough, a strong bias has developed against the one term that is generic to all fields of endeavor. *Business* administration has somehow become a bad word to educators and practitioners in the special fields of administration. The long years of research and

teaching of administrative theories and technics by schools of business are ignored in too many instances and separate, isolated, special schools are set up within the same university to teach specialized versions of unspecialized subject matter about administration. The justification given for this duplication of effort and proliferation of subject matter is most often related to the feeling that the enterprises in these special fields are not business enterprises.

All enterprises and agencies are business enterprises if they do any business. This fact needs to be underscored by administrators of for-profit, as well as by those of nonprofit, enterprises. Lately, as administrators have become more professionalized, their literature has become more and more a catechism of apologetics for the financial responsibilities they owe to the owners of the enterprise.

In an economy where the score is kept in dollars the financial welfare of the enterprise must be the first consideration of administration if the enterprise is supposed to survive. Financial solvency is the first test of administration if it is intended that there be any other tests. Good deeds do not issue out of enterprises that have suffered the capital punishment of bankruptcy. Even our federal government is slowly learning that fact. Certainly, all enterprises must be concerned with much more than the dollar, but none can forget the dollar implications of every act of the enterprise.

All decisions of administration are financial decisions in that they affect the use of the resources of the enterprise. It is not only appropriate, but becoming, that every administrative decision be judged on that basis. Administration has no greater, nor more noble, responsibility than the wisest possible disposition of limited resources.

The administrative process is always the same but its results vary

tremendously. The variables are in the application of the process and not in the process itself. The stated purposes and goals of a particular enterprise as set by the owners represent the destination toward which administration seeks to lead the enterprise. Those are the explicit ends of the enterprise and simply point out the general direction. They define only how the enterprise should behave, but not how it can, nor how it will, behave. How it can behave depends upon a set of variables that evolve from the enterprise itself. How it will behave depends upon those variables, plus the set of variables having to do with the competence of the administrator.

As a simple analogy, one can liken the situation to a hand pump. In the first place the pumping process is the same whether the process is used to pump water, vinegar or molasses. It is also the same whether the rate of liquids pumped is one, five or 10 gallons per minute. It is still the same whether the liquid is to be bottled, drunk or wasted. The owner of the pump may set the goal as so many gallons of a particular liquid per minute. The attainment of the goal, however, depends upon the dimensions of the pump and the competence of the pumper. The pump and the pumper represent two sets of variables having compelling influence on the application of the pumping process to the goals set for the activity by the owner.

The shortcoming of this analogy is that it utilizes a production process to illustrate the administrative process. If that shortcoming can be ignored, the analogy can also be used to illustrate that administration is a means — a process — and like all processes it works within a set of dimensions.

These dimensions represent a definition of the ends of the enterprise as contrasted with the ends of the owners. The stated, or explicit, ends usually said to be the ends of the enterprise are actually the end for the





enterprise and not the ends of the enterprise itself. Someone may argue that this is only two sides of the same coin. Nevertheless, those sides, like the two sides of a coin, are very different, the difference in this instance being comparable to the difference in purposes as between those of the milk cow and her owner. The owner's purpose of the largest yield of milk is quite different from any conceivable purpose that might be had by the cow. The ends for which an enterprise is created and maintained are not the only ends the enterprise must serve. Unless it can satisfactorily meet these other ends, implicit in every enterprise, it will not satisfactorily meet its explicit ends.

Each of these implicit ends of the enterprise are represented in every sort of enterprise, whether factory, church, school or hospital. They vary in relative weight and emphasis from enterprise to enterprise, however, in response to the stated goals and purposes for the enterprise and according to the influences of the external and internal environment of the enterprise.

Like all other process dimensions they are variants which interact on one another. They are to a degree incompatible but must serve as correlates to each other. At any given time all dimensions must be so interrelated as to enable the administrative process to produce a blend of administration tolerable to each separate dimension. In this sense, the dimensions are reciprocating parts of a continuum.

The following dimensions have been identified by this writer as meeting the above definition and as having an influence on the administrative process in every type of enterprise:

**1. The cost dimension.** This is the efficiency centered dimension. It emphasizes productivity. It is consumer, or market, oriented and represents the concept of least possible cost for the most utility. It can be said also to be profit and competition oriented inasmuch as the lowest possible cost for a

specified product or service permits the greatest possible margin for profit and the strongest possible competitive position.

Since cost is the consumer oriented dimension it should emphasize efficiency for the sake of efficiency even in the absence of either competition or the profit motive. Some nonprofit enterprises, and some enterprises which have no competition, do give great emphasis to efficiency. The desire for profit and the presence of competition do, of course, help determine the weight given to the cost dimension relative to the others.

**2. The quality dimension.** This is the product centered dimension and carries the concept of the best job regardless of cost. It seeks perfection for the sake of perfection irrespective of cost considerations. This dimension is well illustrated in the automobile industry by the Rolls-Royce car and the deliberate efforts of its manufacturer to maintain a level of quality unequaled in the industry. It defines the ends of the enterprise as being primarily related to the product rather than to the number of the consumers of the product. It places high quality ahead of sufficient utility.

**3. Human relations dimension.** This is the personnel centered dimension and involves the concept that the primary purpose of the enterprise is to provide the greatest possible rewards to the members of the organization. It holds that the employee has superior rights to the consumer, the owner, and the public. It places employee rewards and satisfactions ahead of costs and quality of product. This concept dominates union policy and is the dimension around which the union bargains.

**4. The public dimension.** This is the community centered dimension and carries the concept that the ends of all enterprises should be the public good. It says that the public's welfare comes ahead of the welfare of the consumer, the employee, and any other

ends of the enterprise. It is enforced by both public opinion and public laws. Those enterprises that are considered to touch heavily the public's welfare may be placed under public regulation, or even under public ownership. Our electrical utilities offer examples of both of these forms of public control. Antitrust and fair trade laws are other forms of public control devised to augment the influence of this dimension.

**5. The institutional dimension.** This dimension is enterprise centered and is concerned with perpetuating and enlarging the enterprise itself. There is a sharp difference between the goals of the enterprise and the goal of maintaining the enterprise. This is especially noted in the health and welfare field in instances of institutions that have outlived their stated purpose but which refuse to go out of business. Social and medical advances may have eliminated the problems such agencies were created to serve but the agencies fight to maintain their identity and survival.

Industrial enterprises demonstrate the influence of this dimension in another way. Many instances can be shown of such enterprises which seek to grow solely for the sake of growth. They prefer to remain, or become, marginal in profits rather than forego, or reduce, volume. Other industries which do not have the capital resources necessary for modernization or geographical relocation in order to improve their competitive position fight to survive at the expense of the other dimensions.

**6. The administrator dimension.** This dimension reflects the fact that the administrator cannot divorce his personal well-being from his actions as an administrator. This becomes increasingly difficult in industrial enterprises as management becomes more professionalized and more divorced from ownership. It has always been difficult in nonprofit and government-

tal agencies. Whether consciously, or unconsciously, the administrator has a tendency to influence the behavior of the enterprise along lines that best perpetuate and enhance his own role. The ends of the administrator are no more the same as the ends of the enterprise than are the ends of the other dimensions present in every enterprise.

**7. The ownership dimension.** This is the least clear-cut of the dimensions. Its influence varies radically. In some industrial enterprises ownership is so widely dispersed that the administrators can practically ignore this dimension. In some nonprofit enterprises the trustees, as owners or representatives of the owners, exhibit such disinterest or become so institutionalized that the ownership dimension defaults almost completely to the administrator dimension or the institutional dimension. Just the reverse is seen sometimes when owner and administrator are one, or when trustees of nonprofit enterprises usurp the role of the administrator.

Whatever its influence in a given enterprise, it can be said to be capital oriented since the provision of capital grants the owner his influence and the protection of capital is the only means of assuring his influence. It is to an extent profit oriented but not always so, even in for-profit enterprises. In some for-profit enterprises the owners may prefer prestige, however, or other considerations to profit. Contrary to what we might expect, the ownership dimension is probably the most compatible of the dimensions and often identifies itself quite closely to one or the other of the dimensions.

### **When Dimensions Conflict**

As was stated earlier, the dimensions that control the administrative process define how the enterprise can act — not how it will act. The failure of the administrator to observe properly each of the dimensions will bring one or more of the dimensions into such conflict with each other that the administrative process is severely handicapped, or even breaks down. Two current examples of such interaction of the dimensions can be given. At the risk of overgeneralizing, one could state that the difficulties confronting the steel industry today are caused by a failure on the part of administration in that industry to main-

tain the proper balance between the several dimensions of administration. They permitted the industry to become so personnel oriented, because of union pressure, that the cost dimension was ignored to the point that markets were endangered. The efforts to correct the situation have resulted in a prolonged strike, and this in turn has brought the industry into conflict with the public dimension and aroused a clamor for public intervention in order to end the strike.

Another example is found in the hospital field. Over the years hospitals have highly emphasized the quality dimension and have constantly sought to improve patient care. At the same time they ignored the human relations dimension in order to devote the maximum resources to quality and in order to meet the public dimension of care regardless of ability of the patient to pay, and failed to provide proper rewards to their personnel. The competition for personnel arising from high economic conditions in recent years forced the hospitals to emphasize abruptly the human relations dimension in order to avoid serious deterioration of quality. This in turn caused costs to rise rapidly and to affect drastically the cost dimension. The chain of reactions has now brought the public dimension into play and attempts are being made to regulate hospital costs through public control of prepayment.

In the two examples given above, entire industries were involved in the repercussions that developed from lack of proper balance between the several dimensions of administration. Every enterprise and agency constantly experiences similar repercussions as individual enterprises. They are usually not so drastic because the administrator makes the necessary corrections and provides the proper accommodation for each dimension. Such accommodation differs from enterprise to enterprise, and from time to time in the same enterprise. Proper accommodation will not assure effective administration, but effective administration is possible only if proper accommodation for each dimension is maintained.

If the administrative process is the same process regardless of the enterprise being administered, then the tools it uses and the principles by which it works must also be universal. All evidence indicates that this is true

and that these tools and principles are common to the process irrespective of the type of enterprise in which the process is used.

This does not mean that every tool available to the process is used in every enterprise, or used in equal scope and intensity, or used with the same effectiveness. Nor does it mean that the principles of administration are followed with equal wisdom and precision in every enterprise. All of those contingencies depend upon the variables that exist between different enterprises and between the competencies of different administrators. It does mean, however, that the tools and principles are common to the process rather than the enterprise in which the process is used.

### **Principles Remain Valid**

Such tools of administration as communications, accounting, budgeting, operations analysis, and the many others remain the same systems of purpose and logic no matter where they are used and how they are adapted in that use. The principles of delegation, of human relations, of departmentation, and all other principles of administration have the same meaning and validity regardless of where the administrative process is employed.

The universal nature of the administrative process can be attributed to the universal purpose of administration. The purpose of administration never changes, no matter the enterprise it serves. The purpose is to obtain human behavior appropriate to the purposes set for the particular enterprise. The product of the process is always behavior whether the quality of the behavior is good, bad or indifferent. The principles and tools are constants of the process and vary only in the manner in which they are used in the application of the process to a given enterprise. The sort of application of the process that is made depends upon the sorts of behavior that is permissible within the limits of the dimensions set for the process by the particular enterprise, the restrictions imposed by the environment or ecology of the enterprise, and the competence of the administrator. Variations in quality of product of the process is not the result of the process but, instead, of the manner in which the process is used. ■

# Ways To Control Workmen's Compensation Costs

**Here is up-to-date information from 49 states on  
workmen's compensation rates, rating procedures, and  
the applicability of both to hospital employees**

**Richard C. Sleeper**

IT IS often felt that since workmen's compensation insurance rates are set by a state rating bureau, the individual insured has little opportunity to control the cost of this insurance, but must accept whatever premium is charged by the insurance company as a necessary evil. This is not true. There are numerous ways in which the hospital management can control and minimize the cost. The responsibility for this control must be shared by the board of directors, the administrator and his medical and administrative staffs, and the controller.

The board of directors should have the ultimate responsibility for deciding whether workmen's compensation insurance is to be purchased, the coverage to be provided, and the company from which the insurance is to be bought. The administrator shares with his staffs the responsibility for controlling accidents and the cost of medical care provided to injured employees. Finally, the controller should, in our opinion, bear the responsibility for the administration of the workmen's compensation insurance plan, the proper classification of employees, and the audit of the calculation made by the insurance company of the earned premiums.

The need to purchase workmen's compensation insurance is to a great

extent dependent upon the workmen's compensation laws of each state. Workmen's compensation insurance or a substitute self-insurance plan is required of virtually all employers throughout the United States, with certain exceptions. The law in some states permits the employer to elect not to carry insurance, although such employers then lose all normal defenses against claims of negligence brought by employees. For this reason, this election is usually considered so disadvantageous as to be seldom used. The laws of certain states do not apply to employers of only a few employees. For example, the minimum number of employees to which the law applies in Missouri is 10. In Nevada, the minimum is two. It is doubtful that any

hospital will have so few employees. The laws of certain states apply only to employees engaged in extra-hazardous employment. However, most employees of hospitals will be considered in these states as so engaged.

Finally, the payment of workmen's compensation benefits and the purchase of workmen's compensation insurance is not required by charitable or eleemosynary institutions in 12 states, according to information furnished to us by the industrial accident commissions or other regulatory authorities in these states (see Table 1); in one other state, Georgia, this question has apparently not yet been adjudicated. The purchase of workmen's compensation insurance and the payment of workmen's compensation bene-

## Why State-by-State Compensation Rates Are Hard To Compare

It is not advisable to compare workmen's compensation rates in one state with those of another state, unless important considerations are taken into account. The following variations may exist which will affect the rates from state to state:

1. Variation in effectiveness and intensity of safety engineering programs.
2. Variation in the type of labor or other personnel in local areas.
3. Variations in the number and size of hospitals within each state.
4. Relative liberality or conservatism in claim adjudicating bodies.
5. Variation in wage scales.
6. Variations in accident frequency and severity.

Condensed from a discussion presented to the Maryland-District of Columbia-Delaware Hospital Association, November 1958.

Mr. Sleeper is a senior consultant of the Insurance Buyers Council, Baltimore.

**Table 1 — Does Workmen's Compensation Law Apply to Eleemosynary Hospitals?**

STATE	EXEMPT	LAW APPLIES
Alabama		X
Alaska		X
Arizona		X
Arkansas	X	
California		X
Colorado		X
Connecticut		X
Delaware		X
District of Columbia		X
Florida		X
Georgia	Questionable — not adjudicated	
Idaho	X	
Illinois		X
Indiana		X
Iowa		X
Kansas	X	
Kentucky		X
Louisiana	X	
Maine	X	
Maryland	X	
Massachusetts		X
Michigan		X
Minnesota		X
Mississippi	X	
Missouri		X
Montana		X
Nebraska		X
Nevada		X
New Hampshire		X
New Jersey		X
New Mexico		X
New York		X
North Carolina		X
North Dakota		X
Ohio		X
Oklahoma	X	
Oregon	X	
Pennsylvania		X
Rhode Island		X
South Carolina	X	
South Dakota		X
Tennessee		X
Texas		X
Utah		X
Vermont	X	
Virginia		X
Washington	X	
West Virginia		X
Wisconsin		X
Wyoming		X

fits are voluntary on the part of the charitable hospitals in the exempted states.

The courts in several of the states that exempt eleemosynary hospitals from the application of workmen's compensation laws have also held that

no person, including an employee, is entitled to recover damages for bodily injury from any eleemosynary institution. Thus, an injured employee has no legal redress against a hospital employer in such states either under statutory or common law.

It is probable that, in the future, the eleemosynary immunity from claims for damages will be withdrawn from hospitals in most of these states. When that occurs, it will be necessary for hospitals at least to consider the purchase of legal liability insurance to cover claims brought by injured employees at common law, even if they do not purchase full workmen's compensation insurance to provide statutory benefits voluntarily. Until that time, however, an eleemosynary hospital in such states can avoid the entire cost of workmen's compensation insurance by not purchasing this kind of insurance. This is, in fact, being done by a number of such hospitals, although at least some of these have accident and health plans, as well as wage continuation plans, which to a great extent provide benefits equal to or in excess of those required by the workmen's compensation law.

Assuming that workmen's compensation insurance is to be purchased, let us consider ways in which the hospital administration can control and minimize the cost of this insurance. It will be helpful first to understand the application of manual rates, the effect of an improper classification of employees, and the ways in which the hospital's own loss experience governs the final insurance cost.

#### Manual Insurance Rates

Based upon the loss experience of all hospitals within the United States, and with greater emphasis on the loss experience of all hospitals in each state, the National Council on Compensation Insurance files with each state insurance commissioner (except in 10 states) the rates for all classifications which it believes will be necessary to develop the premium to pay all losses, all insurance company acquisition costs, overhead and profit, and all necessary taxes. In most states, these manual rates are based upon an expected 59 per cent loss ratio and a 41 per cent expense ratio.

The manual rates are used by the workmen's compensation bureau of each state as a basis for the experience adjusted rates applicable to each hospital.

Insurance in seven states — Nevada, North Dakota, Ohio, Oregon, Washington, West Virginia, and Wyoming — must be purchased from mandatory state funds. Manual rates are devel-



oped in these states by local state fund authorities.

Because of peculiarities in the laws of Arizona, Delaware and Pennsylvania, the National Council on Compensation Insurance has no jurisdiction in these states, and manual rates are determined by local authorities.

Table 2 shows the manual rates applicable to hospitals in all states under the jurisdiction of the National Council on Compensation Insurance, as of Jan. 1, 1959. In most states, one rate applies to all professional and clerical employees, while a second and higher rate applies to all other employees.

In New Jersey and California, and also in certain of the states in which the National Council has no jurisdiction, a single rate applies to all employees.

#### Employee Classification

The final cost of insurance each year is determined by an audit made of the hospital's payroll by the insurance company auditor either on a yearly or more frequent basis. The auditor must first assign the payroll of each employee to the correct classification, and then multiply the total payroll for each classification by the applicable rate to determine the premium to be charged. Since many insurance company auditors are not intimately acquainted with job classifications used by hospitals, there is considerable room for error in the classification of certain employees. Any such error may materially affect the cost of your insurance.

For example, let us assume that one employee has an annual salary of \$5000. At manual rates in New York State, the premium computed on the basis of the rate applying to professional and clerical employees would be \$35.50, whereas the premium calculated at the rate applicable to all other employees would be \$120. Any error in the classification of just a few of such employees could make a material difference in the premium charged.

This problem\* has been previously recognized by the American Hospital Association; in 1955, its representatives met with the National Council on Compensation Insurance to discuss this problem, especially with respect

\*A list of workmen's compensation job descriptions for hospitals appears in supplement No. 1 of the Manual for State Hospital Association Officers and Trustees published by the American Hospital Association.

Table 2 — Manual Rates (per \$100 of Salary)

State	Code 8833 <sup>1</sup>	Code 9040 <sup>2</sup>	Payroll Limitation	Is Ex-Medical Coverage Permitted?
Alabama	0.17	0.39	300	Yes
Alaska	0.26	1.00	300	No
Arkansas	0.37	0.85	100	**No
California	*1.15	—	*N.L.	No
Colorado	0.51	1.37	100	Yes
Connecticut	0.49	1.18	300	Yes
District of Columbia	0.65	1.11	100	**No
Florida	0.53	0.88	100	Yes
Georgia	0.20	0.73	†100	No
Hawaii	0.48	1.04	300	Yes
Idaho	0.29	0.86	300	Yes
Illinois	0.23	1.11	300	Yes
Indiana	0.18	0.66	300	Yes
Iowa	0.22	0.66	100	Yes
Kansas	0.25	0.76	100	Yes
Kentucky	0.21	0.66	300	Yes
Louisiana	0.30	1.14	100	Yes
Maine	0.16	0.81	300	No
Maryland	0.39	1.25	300	Yes
Massachusetts	0.63	1.85	300	No
Michigan	0.40	1.16	300	Yes
Minnesota	0.65	1.39	*N.L.	Yes
Mississippi	0.46	0.88	300	No
Missouri	0.31	1.13	†100	Yes
Montana	0.37	1.15	300	Yes
Nebraska	0.25	0.84	300	Yes
New Hampshire	0.35	1.04	300	No
New Jersey	*1.06	—	*N.L.	No
New Mexico	0.38	1.31	300	Yes
New York	0.71	2.40	†100	Yes
North Carolina	0.22	0.89	300	Yes
Oklahoma	0.40	1.08	100	**No
Rhode Island	0.52	1.31	300	Yes
South Carolina	0.26	0.93	300	Yes
South Dakota	0.16	0.46	300	Yes
Tennessee	0.26	0.98	††100	No
Texas	0.43	1.24	†200	No
Utah	0.34	2.05	300	No
Vermont	0.27	0.79	300	Yes
Virginia	0.23	0.76	100	No
Wisconsin	0.37	1.20	†N.L.	**No

\*One rate applies to all employees (Code 9043 in California; 9045 in New Jersey)

\*N.L. — No Limitation

\*\*Ex-medical policies permitted only in hospitals.

†\$300 Payroll Limitation Program not yet filed.

††\$300 Payroll Limitation Program pending.

<sup>1</sup>Applies to professional and clerical employees.

<sup>2</sup>Applies to all other employees.

to the classification of nurse's aides and orderlies, and an agreement was reached on the correct classification for insurance purposes of all job descriptions recognized by the United States Department of Labor, and the United States Employment Service.

If employees are furnished board or lodging in lieu of additional compensation, in most states the insurance company will include a minimum value for this against which the rates will be applied. This valuation will differ from state to state. (Cont. on Next Page)



(Continued From Page 83)

Of considerable importance is the inclusion of any stipend paid, as well as board and lodging furnished, to student nurses and interns. The rules applicable to this also vary. For example, in New Jersey, the rules clearly state that interns and student nurses will be included, based upon an actual remuneration, subject to a minimum of \$10 per week; however, no charge will be made for room and board. In Delaware, however, the rules state that such persons will be included for a minimum annual remuneration of \$1000, including any board and lodging furnished. The application of the workmen's compensation law to student nurses and interns, and the basis to be used in determining the premium for such persons, is not so clear in many other states. Differences have been found between the methods used by the various insurance companies within a single state in determining the premium for such persons. Thus, each hospital must study its state's rules.

#### Effects of Loss Experience

Control of the frequency and severity of accidents, and the consequent amount of compensation and medical expenses paid by the insurance company resulting from each accident, determines the cost of workmen's compensation insurance.

The manual rates for each hospital are adjusted according to its own loss experience, if the payrolls developed during the three years prior to the latest policy year produce an average annual premium at manual rates of at least \$500. Table 3 is a copy of the latest experience rating form applicable to a hospital in Maryland. The same type of form is used for calculating experience adjusted rates in other states, except for modified forms used in the 10 states not under the jurisdiction of the National Council on Compensation Insurance.

The experience modification of the manual rates is based upon a comparison between actual and expected losses, the factors used being determined by the statisticians of the National Council on Compensation Insurance. The upper left side of the experience rating form is a statement of actual losses. The full value of all claims of \$500 or less is included, while the effect of any claim over \$500 is minimized through the use of pri-

mary or reduced values in the experience modification.

The experience modification is based upon losses of a three-year period prior to the latest policy year. Our example shows the experience modification which became effective on Jan. 1, 1958, based upon the loss experience of the years 1954, 1955 and 1956.

Table 3 demonstrates the calculation of an experience credit, based upon a three-year period during which there were no individual claims in excess of \$500. To make our example simple, we have shown in Part I of the table that losses during 1954 and 1955 totaled \$1000 in each year, while losses during 1956 amounted to \$2000, producing total losses during the three-year period of \$4000.

In Part II of the table is the calculation of the expected losses based upon the actual audited payrolls for each year of the two classifications applying to hospitals. Column (10) shows the expected loss rate as determined by the National Council, producing total expected losses for each classification as shown in Column (11). In order to recognize that certain claims in excess of \$500 are expected, and to minimize the effect of these expected large claims, the "D" ratios shown in Column (12) are applied to the expected losses, producing the primary expected losses shown in Column (13). As can be seen from this example the total of the primary expected losses in this example is \$5006.

The primary actual losses and the primary expected losses are shown respectively in Columns (14) and (15) in Part III of the table. To minimize any large swing in the experience modification from year to year, a constant value known as the "B" value is added to both the actual and expected primary losses. In this example, the "B" value is \$5500. The total of the primary losses and the "B" value are shown in items (g) and (h). To determine the experience modification, the total actual value (g) is divided by the expected value (h), in this example producing an experience modification of 0.904, or a credit of 9.6 per cent.

An insured institution is penalized much more by an increase in the frequency of small claims than by one serious injury to an employee.

Any claim over \$500 enters into the experience modification only at its primary value to coincide with the pri-

mary expected losses. While the primary value of any claim is determined from a table published by the National Council, this value is actually based upon the full first \$500, two-thirds of the second \$500, two-thirds squared for the third \$500, two-thirds to the third power for the next \$500, two-thirds to the fourth power for the next \$500, and so forth in a diminishing order, producing a maximum primary value of \$1500 for any claim in the amount of \$7170 or more. Thus, while it is possible that an insurance company might have to pay out \$20,000 or more for a single claim, this claim will enter into the experience modification only at the maximum \$1500 primary value.

From our brief discussion of the method used in calculating experience adjusted rates, it should be obvious that the cost of workmen's compensation insurance is to a great extent governed by the losses paid by the insurance company. In turn, these losses will depend upon the relative success or failure of the hospital in the maintenance of an adequate safety program to control the frequency and severity of losses, and its ability to control the amount of the medical expenses paid by the insurance company.

#### Available Rating Plans

Workmen's compensation insurance is usually written under a premium discount plan, which is a fixed-cost plan based upon the actual audited premium calculated at the experience modified rates. Under this plan, a discount is allowed, based upon the size of the audited premium. No discount is allowed on the first \$1000 of premium. However, a discount of 9 per cent is allowed by the stock companies on the next \$4000, and a discount of 14 per cent is allowed on the next \$95,000. To offset the dividend paid by the mutual companies, their discounts are reduced to 3 per cent and 6 per cent respectively.

Some of the larger hospitals are so successful in their safety programs that the experience rating does not give them the full benefit of their low loss ratio. In such instances, there are several retrospective rating plans available under which the final premium is calculated following the end of each policy year, based upon the individual hospital's loss experience that year.

Retrospective rating plans are not

## EXPERIENCE RATING FORM

EXHIBIT NO. 4

FILE NO.

EFF. DATE 1/1/58

STATE Maryland

RISK NAME

PART I—EXHIBIT OF ACTUAL LOSSES				PART II—EXHIBIT OF EXPECTED LOSSES						
Total by Policy Year of All Cases \$500 or under (Exclude all D. & P. T. Cases)	(14) Policy Year	(15) Actual* Incurred Losses	(16) Primary Actual Losses	(17) Classification	(18) Policy Year	(19) Payroll	(20) Expected Loss Rate	(21) Expected Losses [(20) x (19)]	(22) "If" Ratio	(23) Primary Expected Losses [(21) x (22)]
	54	1000	1000	8833	54	812171	.17	3705	.56	2073
	55	1000	1000		55	591993				
	56	2000	2000		56	775628				
Individual Excess Cases (Include all D. & P. T. Cases)				9040	54	110125	.59	4652	.63	2931
(11) Claim Number	(12) Kind of Injury	(13) O or P	55		380512					
			56		297769					
(c) Actual Excess (a)-(b) -0-				(c) Total 4000		(d) Total 4000				
PART III—RATING PROCEDURE										
1. Primary "Losses"		4000		5006		(f) Expected Excess (d)-(e) 3351		8357		5006
2. "B." Value (Enter in both columns.)**		5500		5500				% Credit 9.6%		
3. Ratable Excess Losses; (W) **		(18) X (c)		(18) X (d)		5. Experience Modification (h) .904		% Debit		
4. Totals		9500		10506		<small>*Indemnity and Medical combined. Primary value of each case is from Table I. Death and Permanent Total cases to be included at actual value, but in no event to exceed the State Accident Limitation of Table III.</small> <small>**Tabular value for Expected Losses, item (d).</small>				

## COMPENSATION RATE NOTICE

DATE OF PROMULGATION

APPLICABLE IN STATE OF

RISK NAME

TYPE RATING

(Renewal — Short Term — Revision)

EFFECTIVE

(Year Only)

EXPERIENCE MODIFICATION

% CREDIT

% DEBIT

(16) Classification

(17) Manual Rate

(18) Specific Disease &amp; Non-Ratable Loadings

(19) Subject Rate (17)-(18)

(20) Adjusted Rate (17) x Exp. Modif.

8833

.38

.344

9040

1.25

1.127

© PAT 10

If Specific D. D. or Non-Ratable Loadings (Col. (18)) apply, use formula: [Col. (19) X Experience Modification] + Col. (18).

normally desirable unless the hospital develops a standard premium of \$10,000 or more; and the loss experience of at least a five-year period must be studied in order to determine the desirability of such a plan.

**Ex-Medical Coverage**

Some hospitals have in effect become self-insurers of the medical expense portion of the workmen's compensation coverage by purchasing workmen's compensation insurance on

an ex-medical basis. The insurance company is required only to pay the actual compensation benefits required by law, while the hospital agrees to pay all medical expenses required in treating and rehabilitating injured em-

ployees, including burial expenses in the event of death. Some hospitals feel that the purchase of insurance on an ex-medical basis is justified, since they have the facilities to provide the medical care normally required by injured employees; and they realize that for every dollar paid by the insurance company to the hospital for medical expenses rendered, the hospital must pay in premium approximately \$1.14 to cover the insurance company claim costs.

Furthermore, a few insurance companies will not write workmen's compensation insurance for a general hospital on any basis other than an ex-medical basis. The insurance companies find that generally it is unprofitable to write workmen's compensation insurance for hospitals. To some extent, this is due to the frequency of accidents involving poorly trained employees. Contrary to what would normally be expected, the insurance companies also find that the medical expense loss ratio is excessively high for hospitals. It has been explained to us that this is due to a tendency for the hospitals to hospitalize injured employees for a greater length of time than is customary for employees of other business enterprises. While it is natural for the medical staff of a hospital to want to provide the best care for their employees, they often overlook the fact

that the hospital will in the end pay in premium to the insurance company even more than the cost of this medical care.

To a certain extent, the assumption of its own medical costs by a hospital is a wise plan, and purchase of insurance on an ex-medical basis does produce a reduction in the insurance premium. In Maryland, for example, ex-medical insurance rates are approximately 24 per cent below the full insurance rates. In addition, the elimination of medical costs will tend to improve the experience modification.

While ex-medical coverage is practical with respect to small claims which can be handled in the hospital by its staff, we do not believe it is wise for any except the largest hospitals. Workmen's compensation laws of many states do not place any limit on the amount of medical expense which must be incurred under the law in treating severely injured employees. It is possible that a severely injured or permanently disabled employee may require medical care and rehabilitation lasting for many years at an expense which can exceed \$50,000, and several employees can be injured in a single accident. We do not believe many hospitals can justify the assumption of risk of this size by the reduction of insurance costs (less the medical expenses assumed) of a few hundred

dollars per year through the purchase of ex-medical coverage.

Furthermore, it must be remembered that an injured employee has the right to turn to the doctor of his choice for medical care in most states. Thus, the hospital which has adopted ex-medical coverage may find itself in the position of paying the fees to doctors or to other hospitals over which it has no control.

If a hospital does adopt ex-medical coverage, then we believe that it would be wise to consider the purchase of some form of excess coverage to insure against the medical expense of any one accident or the aggregate amount of medical expenses incurred in any one year exceeding some predetermined limits.

#### **Assumed Medical Expense**

We prefer a plan of assumed medical expense which we freely admit is controversial and will be resisted by many of the insurance companies. Yet, this plan is being operated successfully by a few hospitals, with the full agreement of their insurance companies.

Even the smallest employer provides some first aid for minor injuries to employees, and assumes the cost of this first aid without reporting such cost to the insurance company. Some stores, small manufacturers, and other institutions employ one or more nurses

## **WHEN DISASTER SHUTS DOWN A HOSPITAL'S SERVICE, BUSINESS**

**W**HEN a hospital carries property damage insurance, replacement of physically damaged property is virtually assured. But is the hospital then immune to all the consequences of a fire or allied disaster?

Many administrators think not. A fire or other disaster severe enough to cause a shutdown in service brings in its wake a shutdown in income from service. Yet expenses continue. Although there will be few bills for materials and supplies while service is suspended, such items as contractual obligations or interest on indebtedness know no suspension. And if employees are to be retained on the payroll, their salaries must not lapse.

Since salaries usually are paid out of earnings, to continue paying salaries during a hospital shutdown would re-

quire some form of earnings protection. A form of insurance — called "business interruption insurance" — is designed to provide this kind of protection.

#### **Reimbursed for Earnings**

This insurance policy reimburses the policyholder (in this case the hospital) for actual earnings lost through a fire-caused interruption of service to the public. (This applies as well to interruptions caused by any other occurrence covered by the policy, such as windstorm, hail, explosion, riot, civil commotion, and damage caused by falling aircraft — in insurance parlance, the "extended coverage perils.")

During such disasters, a hospital needs income — but how much?

Forms currently in use require the

insured to carry an amount of insurance equal at least to 50 per cent of the gross earnings that would have been realized during the 12 months after the date of the fire, had no fire occurred.

For example, in one hospital covered with this type of insurance, gross sales — represented by income from patients for room, board and nursing; operating room, laboratory service, and so forth — plus other earnings amounted to \$800,000.

From this figure, \$119,727 was deducted. This represented the cost of materials and supplies consumed directly in supplying services sold. These items included food, medicine, oxygen, disinfectants, x-ray film, linen and so forth. An additional deduction of \$61,126 was made for the cost of services

to render more extensive first-aid, and the cost of this care is assumed by the insured. Reports of injuries are submitted to the insurance company, but no bills for medical expenses are submitted when the treatment can be provided by the employed nurse.

Some larger concerns maintain dispensaries with full-time nurses and doctors and they assume the full cost of providing treatment within the dispensary. The insurance company is billed only for the expense of medical care which must be provided through the outside facilities and doctors.

In our opinion, the situation of a hospital is analogous to that of a large manufacturer that maintains a fully equipped dispensary. We do not believe that a hospital should be required to submit bills for the medical expenses it incurs within the hospital for treatment of injured employees, but should have the right to call upon the insurance company for the investigation of medical expenses incurred through outside doctors and hospitals over which it has no control and for the treatment of seriously injured employees where excessive medical expenses, follow-up and rehabilitation may be required.

Such a plan has been adopted by one of our hospital clients and its insurance carrier. An agreement has been made under which the hospital has the

right to assume its own medical expenses, or submit these to the insurance company, as it sees fit. In practice, the hospital submits to the insurance company all bills for medical treatment by outside doctors or other hospitals which it does not control. No bills for medical care of employees which can be provided by the hospital are submitted to the insurance company under normal circumstances. Any injury involving unusual or prolonged treatment is reviewed by the administrative and medical staffs, and a decision is made either to assume the medical costs or to report these to the insurance company on the merits of the individual case. Arrangements have been made by the hospital with its medical staff in order to minimize the expenses actually incurred by the hospital. A record is maintained of the total medical expense in treating compensable workmen's compensation injuries, and this expense is added to the workmen's compensation insurance premium to determine the total workmen's compensation cost.

We believe this is a sound procedure; it is equitable to both the insurance company and the hospital, and violates no laws or insurance company rules. We believe that it is a method by which the hospital can maintain an effective control of workmen's compensation insurance costs, and is worthy

of joint discussion between the hospitals, their insurance agents, and companies.

While all insurance companies must charge the same workmen's compensation rates, many of the companies do offer competitive advantages which affect the final cost of the insurance.

Some companies are better equipped than others to assist the hospitals in establishing and effectively supervising an efficient employee training and safety program. To the extent that this helps to reduce the frequency and severity of claims, this will have a major effect on the insurance cost.

The difference in the attitude of the insurance companies toward full coverage, ex-medical coverage, and assumed medical expenses may have a major effect on the cost of insurance. In this manner, one company may have a distinct competitive advantage.

Finally, a few of the mutual companies will write workmen's compensation insurance for hospitals. Such companies generally charge the same normal premium as a stock company, but return a dividend of approximately 15 per cent at the anniversary of their policies. When premiums exceed \$1000 per year, however, the difference in premium discount allowed may reduce the actual difference in cost downward to approximately 11 per cent. ■

## INTERRUPTION POLICY INSURES AGAINST SHUTDOWN OF INCOME

purchased from outsiders, among which were laboratory services and film development. Such expenses, of course, would not occur until service was resumed and would therefore not be a part of the lost income.

After these deductions, a total of \$619,147 represented annual gross earnings from patients. This amount was increased to \$640,000 in anticipation of an increase in income for the coming year.

Half of this total income, \$320,000, was insured to conform to the minimum insurance requirement. The annual premium for a business interruption policy came to \$224, based on a rate of 7 cents per \$100.

Thus, for a reasonable cost, the hospital had insurance available that would enable it to apply \$320,000

against loss of earnings, if a disaster took place. Part of this could be used if necessary to continue salary payments to key personnel, which is often an important concern to hospital executives.

### These Are Key Employees

In this example, the hospital designated the following employees as key personnel who, for a variety of reasons, should be retained: administrator, dietitian, cook, laboratory technician, x-ray technician, surgery supervisor, surgery nurses, 75 per cent of the registered nurses, plant engineer, anesthetist, office girl, secretary, credit manager, director of nurses, and the medical records librarian.

The combined annual salaries of these employees was \$119,600. The rest of the insurance money could then

be applied to other necessary expenses, which could not be discontinued without impairing the quality of service given immediately before the loss, and to whatever profit, if any, would have been earned had no loss occurred.

The money would be distributed in any necessary proportion among the continuing expenses during the 12 months after the disaster — until service was resumed or the \$320,000 was exhausted, whichever occurred first.

Another advantage of this kind of coverage is that it includes payment for extra hospital expenses that might be incurred if a vital unit of the hospital, such as the elevators, kitchen, laundry or source of light, heat or power were destroyed and the hospital was forced to close or to curtail activities. ■



## Premature Center Is Designed for Protection

THE premature infant center, Long Island Jewish Hospital, is housed in a newly created one-story wing and provides for eight nurseries, each with four incubators, except the graduate nursery which has six bassinets. The ancillary facilities include treatment, clean and soiled utility rooms, offices for the resident doctor and the supervisor of the nursing service, and, finally a locker room for those nurses comprising the staff exclusively assigned to this department.

All prematures remain in the suspect or isolation units under constant surveillance until transferred to one of five "well" baby nurseries. When the infant achieves an acceptable weight, generally 5 pounds, and is otherwise

judged by the pediatrician to be physically fit, he is again moved, this time to a bassinet or incubator in the so-called "graduate" nursery. Eventually he is discharged either to the care of the parents or to this or another hospital's pediatric service.

Connected to this "graduate" nursery and separated from it by a glass wall is a demonstration room. Its function is twofold: (a) as a classroom for professional and volunteer staff training, and (b) for the orientation of parents in matters of infant hygiene, handling, dressing, feeding and bathing.

Formulas are prepared and bottled on the obstetrical service. They are brought into the premature center for resterilization in one of the two double-door autoclaves, after which they are stored in specially designed refrigerators. Finally, the bottles are brought

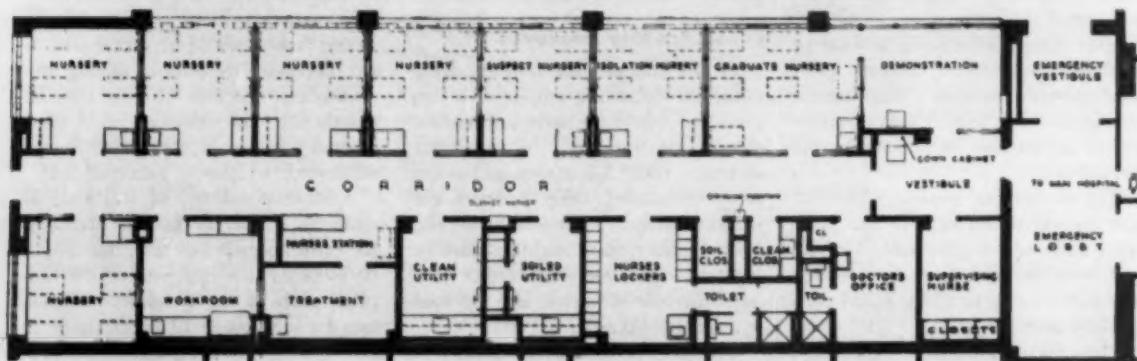
to the nurseries under protective covering where temperatures are maintained at required levels through the use of electric hot plates.

All instruments, appliances and material, including dressing packs, are autoclaved within the premature center notwithstanding previous sterilization.

In addition to stainless metal work tops, cabinets and sinks, each nursery has individual outlets at each incubator for fresh air, electricity, oxygen, compressed air, and suction. These outlets are grouped within a single service strip flush with and forming an integral part of the steel partition sash separating the nurseries. The function of each terminal is distinguished both by conspicuous label and individual color code.

The entire premature center is air conditioned. In addition, each of the

Mr. Abramson is an architect, New York City. This article was prepared with the help of Martin Saren, administrator of Long Island Jewish Hospital; Samuel Karelitz, M.D., chief, department of pediatrics, and Eugene D. Rosenfeld, M.D., formerly medical director.





Premature infant receives care in one of four incubators in each of the nurseries at Long Island Jewish Hospital.



nurseries is independently controlled as to temperature and humidity; both are mechanically recorded on specially designed tamperproof instruments. These recorders are located immediately outside each nursery and have their sensing elements shielded from air currents which might affect accurate recordings.

Because of the necessity for both relatively high temperature (74°F.) and high humidity (45 to 65 per cent), special consideration was devoted to the question of possible condensation on the perimeter walls. Total avoidance was actually achieved through the adoption of cavity brick walls. First, a vapor barrier was created by coating the inner face of the outer wythe with a heavy asphaltic mastic. Finally, the 2 inch space between wythes was filled with a pouring type of granular insulating material.

Since a substantial area of the exterior wall is of glass, this too presented a problem. To avoid the risk of condensation 4 inch thick vacuum glass block was employed. In it was placed a small vision panel of multiple glazing set in a hermetically sealed frame. Secondary advantages of glass block over sheet glass include the achievement of a softly diffused light; the prevention of "peeping in" by inquisitive parents and others, and, finally, the reduction in the frequency of window washing.

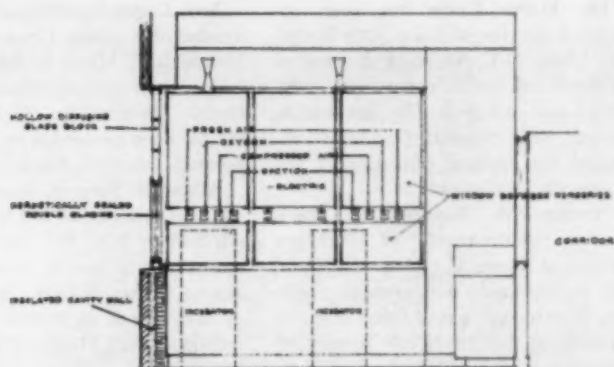
All exterior window frames are of metal. To prevent thermal conductivity and consequent condensation on the interior faces, the frames were detailed in two parts with an insulating barrier between surfaces in contact.

In the event of accident or other urgent need for immediate assistance in any nursery, each is provided with

a selective audio-visual call system that permits intercommunication between any or all nurseries and other strategic points within the premature center.

As an additional safeguard, partitions separating nurseries from each other and from the corridor are designed with maximum glass areas that afford unimpaired vision.

Interiors are finished in various materials selected for durability and washability. Nurseries and corridors have smooth plaster walls with applications of vinyl coated fabric. Elsewhere, walls are of vitreous ceramics applied as tile or as structural block. Colors, all in pastel tints in combination with bleached oak and stainless metal equipment, vary with alternate spaces. Floors in work areas are of vitreous tile; elsewhere, they are of vinyl tile. ■



Plan (opposite) of premature center shows arrangement of various nurseries. Left: Cross-section of nursery shows location of individual outlets.

# ABOUT PEOPLE

## Administrators

**Frederick Grubel**, associate director of Montefiore Hospital, New York,



F. Grubel

has been appointed deputy executive director of Maimonides Hospital, Brooklyn, N.Y. Before going to Montefiore in 1958, Mr. Grubel was associate director at Maimonides Hospital. Earlier he had been assistant director of Beth Israel Hospital, New York; assistant budget director of the Foundation of Jewish Philanthropies of New York, and director of finance and accounts of the American Joint Distribution Committee. He is a member of the American College of Hospital Administration and has both law and business administration degrees. He is also a certified public accountant.

**M. Anthony Constantine** has been appointed administrator of the Southern Division of Albert Einstein Medical Center, Philadelphia. Mr. Constantine was formerly assistant superintendent of Conemaugh Valley Memorial Hospital, Johnstown, Pa. He succeeds **Dr. J. A. Rosenkrantz**, whose resignation was announced last May in *The Modern Hospital*. Mr. Constantine has a bachelor's degree in pharmacy from Duquesne University and a master's degree in hospital administration from the University of Pittsburgh. He is a member of the American College of Hospital Administrators and the American Society of Hospital Pharmacists.

**Manuel Cohen** has been named administrator of Mount Sinai Hospital, Milwaukee. He was formerly executive director of Jewish Hospital of Hope, Montreal, Que., and previously was assistant director of Montefiore Hospital, New York. Mr. Cohen received his graduate training in public health and hospital administration at Yale University. He is a member of the American College of Hospital Administrators.

**Walter P. Allen** has been named to succeed **Frederick G. Whelply** as ad-

ministrator of Wyandotte General Hospital, Wyandotte, Mich. Mr. Whelply's new appointment was announced in *The Modern Hospital* last month. Mr. Allen recently returned to the United States after spending two and one-half years as administrative officer of Gorgas Hospital in the Canal Zone. Previously he held administrative positions with City Hospital, Springfield, Ohio, and University Hospitals, Madison, Wis. He is a graduate of the University of Rochester and has graduate degrees from the University of Wisconsin and the Graduate School of Business of the University of Chicago. He is a member of the American College of Hospital Administrators.

**Harold G. Koach**, formerly administrator of Binghamton City Hospital, Binghamton, N.Y., has been made administrator of Wyckoff Heights Hospital, Brooklyn, N.Y. He was graduated from the School of Public Health and Administrative Medicine at Columbia University.

**David L. Allen** has been appointed assistant administrator of San Luis



D. L. Allen

Obispo County Hospital System, San Luis Obispo, Calif. Mr. Allen is a graduate of the University of Chicago Program in Hospital Administration. Previously he worked in the administrative offices at Children's Hospital, Buffalo, N.Y.

**Dr. Martin Lazar** has been appointed director of Utica State Hospital, Utica, N.Y. Assistant director of Willowbrook State School since 1950, Dr. Lazar succeeds **Dr. Bascom B. Young**, who retired. Dr. Lazar received his medical education at the University of Glasgow.

**Andrew W. Saphiloff** has been named administrator of Parkview Memorial Hospital, Riverside, Calif. He was formerly administrative services director at Central State Hospital, Petersburg, Va. Previously he was administrator of John Graves Ford Memorial Hospital, Georgetown, Ky. Mr.

Saphiloff is a graduate of the program in hospital administration at Northwestern University.

**Tay Voye** has been named administrator of Palm Beach General Hospital, Lakeworth, Fla., succeeding **Jack Flood**, whose new position was announced in *The Modern Hospital* last month.

**John Taube**, administrator of Dickinson County Memorial Hospital, Iron Mountain, Mich., since 1954, has resigned. **Lowell Swanson**, administrative assistant at the hospital, has been appointed acting administrator.

**C. Richard Kay** has been appointed administrator of Burbank Hospital, Burbank, Calif. He was formerly executive director of the Hospital Council of Southern California.

**James F. Shepherd** has been appointed administrator of Putnam County Hospital, Greencastle, Ind. He was formerly administrative assistant at Flower Hospital, Toledo, Ohio. He is a graduate of the program in hospital administration at Northwestern University.

**Edward N. Moore** has been appointed administrative assistant in professional administrative services at Jackson Memorial Hospital, Miami. Mr. Moore is retired from the army.

**C. Edward Dean**, formerly assistant administrator of Memorial Hospital, Worcester, Mass., has joined the Hospital Counseling Service of the American Hospital Association. He is a graduate of the School of Public Health and Administrative Medicine, Columbia University.

**Tom Logue** has resigned as administrator of Simpson General Hospital, Mendenhall, Miss., to take over the long vacant directorship of Hancock County Hospital, Bay St. Louis, Miss. He has been succeeded by **W. C. Scarborough**, chancery clerk.

**Albert R. Sargent**, formerly assistant administrator of Children's Hospital, Buffalo, N.Y., has been named administrator of Bound Brook Hospital, Bound Brook, N.J. He is a graduate of the School of Public Health and Administrative Medicine of Columbia University.

(Continued on Page 175)

Unless it is properly interpreted, average length of stay can be a misleading statistic, the authors point out

## How To Make Length of Stay Make Sense

Robert Myers, M.D., and Vergil N. Slee, M.D.

IT IS gratifying to note the increasing skepticism with which authorities are beginning to regard that hallowed and ancient statistic, the average length of hospital stay. For, as commonly figured and used, the average length of stay is a crude and misleading statistic, the use of which is hard to justify.

Consider, for example, the method by which the average length of stay is usually calculated: "the total number of inpatient days' care rendered to discharged patients (exclusive of newborn) in a given fiscal period divided by the total number of inpatients (exclusive of newborn) who were dis-

charged or who died during that period."<sup>1</sup> This formula lumps together a mass of patients with entirely dissimilar disease conditions (fractures, maternity cases, appendectomies, cardiacs) and yields a wholly unreliable average. It could not be expected to do otherwise. For it is entirely similar to averaging the weights of a 200 pound pig, a 20 pound turkey, and a 5 pound chicken. Their average weight would be 75 pounds, which would be a stupendous chicken, a tremendous turkey, and a small pig; in each instance the figure bears no resemblance to the original article.

Actually, in this era of inflation and steadily increasing cost of hospital care, there is a pressing need for intelligent attention to the length of hos-

pital stay. The medical staff and the administration of the hospital need to know accurately how long patients are staying and the reasons for these stays, for only from such information can an intelligent attempt be made to reduce the total stay per patient. Reduction in hospital stay, without sacrifice of standards of care, would not only reduce the total cost of hospitalization to the patient, it would also make beds available for more patients.

Our experience with the Professional Activity Study (PAS) of the Commission on Professional and Hospital Activities<sup>2</sup> indicates that the average  
(Text Continued on Page 94)

Dr. Myers is assistant director of the American College of Surgeons and treasurer and a member of the board of trustees of the Commission on Professional and Hospital Activities, Inc.

Dr. Slee is secretary of the board of trustees and director of the Commission on Professional and Hospital Activities, Inc.

<sup>1</sup>Huffman, Edna K.: Manual for Medical Record Librarians, 4th ed. Chicago: Physicians' Record Co., 1955, p. 364.

<sup>2</sup>Ann Arbor, Mich. The commission is a non-profit organization sponsored by the American College of Physicians, the American College of Surgeons, the American Hospital Association, and the Southwestern Michigan Hospital Council. The activities of the commission were originally supported by grants from the W. K. Kellogg Foundation, Battle Creek, Mich.

Figure 1

### LENGTH OF STAY IN FOUR PAS HOSPITALS JULY-DECEMBER 1958

	Hospital											
	A			B			C			D		
	Number of Patients	Sum of Stay	Average	Number of Patients	Sum of Stay	Average	Number of Patients	Sum of Stay	Average	Number of Patients	Sum of Stay	Average
Patients												
Newborn	245	1,017	4.2	1,581	8,432	5.3	1,084	5,010	4.5	994	5,080	5.1
All Others	1,579	9,861	6.2	5,279	32,725	6.2	4,594	29,070	6.3	4,893	30,443	6.2
Total	1,824	10,878	6.0	6,860	41,157	6.0	5,678	34,080	6.0	5,887	35,523	6.0

## Specific Ratios Are More Useful Than All-Inclusive Averages

Figure 2

### AVERAGE LENGTH OF STAY, BY DISEASE SERVICE CLASSIFICATION, IN FOUR PAS HOSPITALS, JULY-DECEMBER 1958

Service	Hospital				Ratio Longest Stay to Shortest Stay
	A	B	C	D	
Obstetrics	4.2	4.4	3.8	4.2	1.16←
Medicine	7.2	9.3	9.7	8.4	1.35
Cardiology	8.7	14.0	11.1	13.3	1.60
Communicable Diseases	6.9	8.8	6.7	10.4	1.55
Dermatology	5.4	5.9	2.6	5.1	2.26
Neurology	4.4	4.7	7.4	5.7	1.68
Psychiatry	3.5	5.2	6.4	10.0	2.86
Venereal Disease	—	3.5	7.7	14.0	4.00
Surgery	6.7	8.6	7.9	6.4	1.34
ENT	2.0	1.7	1.7	2.6←	1.53
Gynecology	7.4	6.3	5.8	6.2	1.28
Neurosurgery	—	12.6	6.3	30.5←	4.84←
Ophthalmology	7.0	4.3	6.4	4.9	1.63
Orthopedics	9.6	8.6	8.4	10.3	1.23
Proctology	7.0	7.4	7.3	6.1	1.21
Urology	5.4	7.5	8.1	7.9	1.50
Hospital Over-All Average	6.2	6.2	6.3	6.2	1.02
Ratio: Longest Stay to Shortest Stay	4.80	8.24	6.53	11.73←	

In the right-hand column of the figure are shown ratios comparing the longest average stay for each service with the shortest average for the same service in another hospital. The lowest line of the illustration shows the ratio of the longest-stay service within each hospital to the shortest-stay service within the same hospital. For the same service in various hospitals the lowest ratio is 1.16 to 1 in

obstetrics. The highest ratio is 4.84 to 1; neurosurgery patients in Hospital D stay nearly five times as long as such patients stay in Hospital C. Within Hospital D itself, neurosurgical patients stay approximately 12 times as long as ENT patients. ENT patients are the shortest-stay class in all four hospitals but the hospitals vary as to the disease service classification showing the longest stay.

Figure 3

**AVERAGE LENGTH OF STAY, BY DIAGNOSIS  
GROUP, IN FOUR PAS HOSPITALS, JULY-DECEMBER 1958**

Diagnosis Group*	Hospital				Ratio Longest Stay to Shortest Stay
	A	B	C	D	
Infective and Parasitic	→11.5	8.2	7.1	10.3	1.61
Malignant Neoplasms	11.2	14.6	12.3	10.2	1.43
Benign Neoplasms	5.8	6.0	5.3	5.0	1.20
Allergic-Thyroid	5.0	6.1	7.1	6.3	1.42
Diabetes	6.9	11.1	12.5	7.8	1.81
Endocrine-Metabolic-					
Blood	8.4	7.9	8.7	8.5	1.10←
Mental	3.5	5.2	6.4	10.0	2.86
Nervous System	11.2	6.4	12.0	6.0	2.00
Rheumatic Fever and					
Rheumatic Heart	6.6	→26.3	→20.7	→19.4	3.98←
Arteriosclerotic and					
Coronary Heart	9.5	15.3	11.6	14.0	1.47
Other Heart and					
Circulatory	9.8	11.0	9.3	7.6	1.45
Acute Respiratory	5.8	7.6	6.7	7.4	1.31
Hypertrophy of Tonsils					
and Adenoids	→1.1	1.2	1.1	1.3	1.18
Other Respiratory	8.2	3.3	5.6	3.0	2.73
Upper Gastro-Intestinal	6.4	9.6	9.7	8.7	1.52
Appendicitis	5.1	7.2	6.5	4.8	1.50
Hernia	6.7	7.2	7.8	6.0	1.30
Lower Gastro-Intestinal	7.0	10.0	9.6	8.8	1.43
Genito-Urinary	4.8	7.7	8.4	8.1	1.75
Breast	3.1	3.8	3.3	3.1	1.23
Female Genital	7.1	5.4	5.2	5.8	1.36
Maternity	4.2	4.4	3.8	4.3	1.16
Skin	5.5	6.2	6.8	5.8	1.24
Musculoskeletal	9.5	7.9	9.4	10.5	1.33
Congenital-Diseases of					
Early Infancy	9.8	6.5	5.9	6.0	1.66
Symptoms	3.9	5.8	5.1	5.0	1.49
Injuries	6.6	7.6	6.3	9.4	1.49
Hospital Over-All Average	6.2	6.2	6.3	6.2	1.02
Ratio: Longest Stay to Shortest Stay	10.45	21.92	18.82	14.92	

\*Diagnostic groupings based on the International Classification of Diseases (*Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death, 1955 Revision*. Geneva: World Health Organization, 1957).

Only one disease group, that including the endocrine and metabolic diseases, shows roughly equivalent averages for all four hospitals. The greatest divergence occurs in the group, "Rheumatic fever and rheumatic heart disease," where a four-fold difference is observed. Within

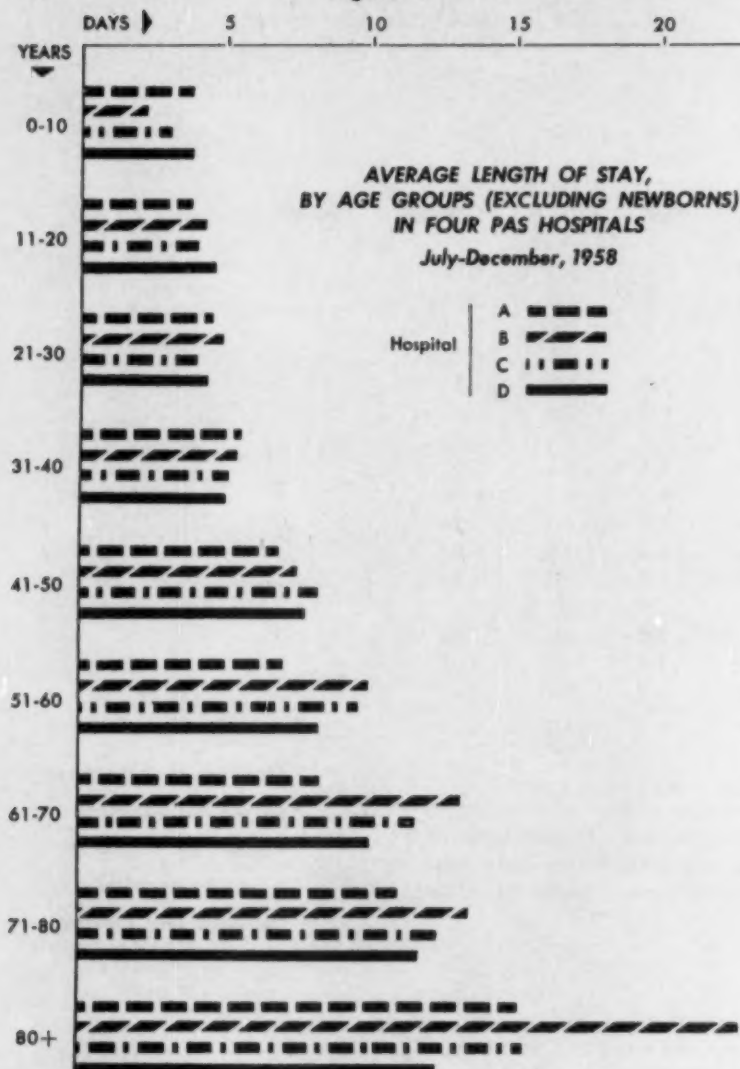
individual hospitals in each instance the T&A's required the shortest hospitalization and in three of the four hospitals the rheumatic fever and rheumatic heart disease patients required the longest care. Hospital A—the smallest—showed its longest average in the infectious group.

Statistics such as those shown in figure 3 at left can be helpful in planning hospital facilities and services



## THE AVERAGE LENGTH

Figure 4



(Text Continued From Page 91)

length of stay should not be limited to one single concept. Rather, as many different average lengths of stay should be considered as may be required for the intelligent conduct of patient care. Each should be as specific as the need demands and the data permit. Among the types of length of stay we have found significant are:

1. Average length of stay by service.
2. Average length of stay by disease groups.
3. Average length of stay by age.
4. Average length of stay by sex.
5. Average length of stay by specific disease or operation.
6. Average length of stay by physician.
7. Average length of stay by payment.

The average length of stay for each of these categories is readily computed by hospitals in the PAS since the essential data abstracted from the patients' clinical records are tabulated by business machines in the commission's headquarters and returned to the participating hospitals in various forms. These data enable the medical staffs and administrators of the 109 hospitals using the PAS (hospitals discharging approximately 1 million patients annually) to determine easily and accurately valid and significant lengths of stay for patients in their own hospitals.

As a demonstration of the reasons for our distrust of the validity of the

## OF STAY CAN READILY BE COMPUTED BY CATEGORY IN PAS HOSPITALS

traditional, all-inclusive, single average length of stay and for our advocacy of the concept of several different lengths of stay, each based upon a single, limited and significant factor, we present a series of illustrations based on data taken from the PAS files. For the purposes of comparison, four PAS hospitals with essentially identical average lengths of stay were selected to show (1) the amount of essential information concealed when the average length of stay is presented in the traditional manner as an all-inclusive statistic, and (2) the considerable amount of vital data yielded by our method of multiple lengths of stay. These are expanded in the accompanying tables and charts.

Figure 1 compares four hospitals with essentially identical average lengths of stay when computed in the traditional manner (excluding newborns). All this illustration shows is that the patients, designated here as "all others," stayed an average of 6.2 days in three hospitals and 6.3 days in the fourth. If this is the only length of stay computed, one would have to assume that the four hospitals are identical in this respect.

But if the average lengths of stay for "all others" shown in Figure 1 are computed separately for such categories as: by service, by disease groups, by age, and so on as we advocate, then marked differences appear between these four hospitals which appeared so similar. Moreover, and of

Figure 5

### AVERAGE LENGTHS OF STAY OF PATIENTS IN SELECTED DISEASE SERVICE CLASSIFICATIONS IN FOUR PAS HOSPITALS JULY-DECEMBER 1958

Service	Hospital				Ratio: Longest Stay to Shortest Stay
	A	B	C	D	
<b>General Surgery</b>					
Hospital over-all average	6.7	8.6	7.9	6.4	1.34
14 and over	7.1	9.7	8.7	6.8	1.43
Under 14	4.2	4.1	4.0	4.3	1.07
Ratio: 14 and over to under 14	1.69	2.37	2.18	1.58	
<b>Eye, Ear, Nose &amp; Throat</b>					
Hospital over-all average	2.0	1.7	1.7	2.6	1.53
14 and over	4.2	3.0	3.0	3.0	1.40
Under 14	1.1	1.3	1.4	2.3	2.09
Ratio: 14 and over to under 14	3.82	2.31	2.14	1.30	
<b>Orthopedics</b>					
Hospital over-all average	9.6	8.6	8.4	10.3	1.23
14 and over	10.4	10.3	9.6	10.3	1.08
Under 14	5.8	3.1	2.1	10.0	4.76
Ratio: 14 and over to under 14	1.79	3.32	4.57	1.03	

Figure 6

**AVERAGE LENGTH OF STAY,  
BY SEX,  
IN FOUR PAS HOSPITALS  
July-December, 1958**

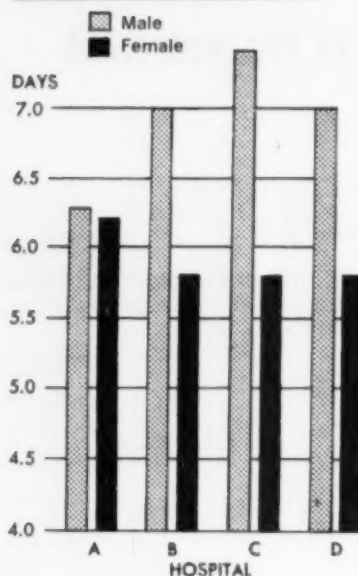
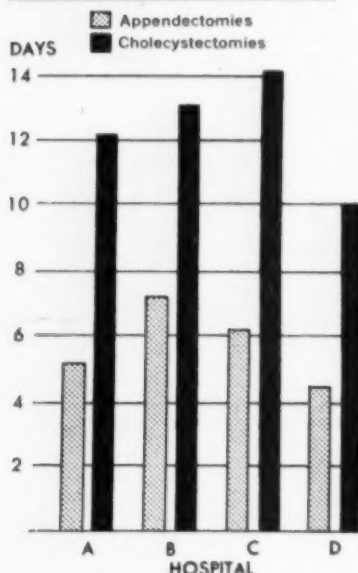


Figure 7

**AVERAGE LENGTH OF STAY  
OF APPENDECTOMY AND  
CHOLECYSTECTOMY PATIENTS  
(PRIMARY OPERATIONS ONLY)  
IN FOUR PAS HOSPITALS  
July-December, 1958**



## FIGURING LENGTH OF STAY FOR PATIENTS WITH

more importance, useful information is consequently made available about the lengths of stay of specific kinds of patients. We will now demonstrate these facts.

### By Service

It is usually desirable to know the average length of stay of patients by hospital service. This is particularly true in hospitals with a bed shortage or in institutions planning for expansion of facilities. For instance, an accurate presentation of average length of stay by service will help the staff and administration in their appraisal of where more beds are needed and whether the stay of patients on certain services can be reduced safely. Figure 2 gives the average length of stay by disease service classification for the four hospitals considered.

### By Disease Groups

It is often essential to know the average length of stay according to broad diagnostic groups. The value of such a statistic is apparent in such classifications as malignant neoplasms or injuries, which may be admitted to different services depending upon the organ or structure involved. In order that a hospital may know the frequency of certain types of diseases and may plan its facilities and services accordingly, the type of information presented in Figure 3 is vital.

### By Age

Older patients generally require longer hospitalization. This is shown in Figure 4 where only the one factor of age has been considered. Although there are differences in stay from hospital to hospital within the individual age groups, each hospital shows a progressive increase in length of stay with advancing age. This is of partic-

ular concern to hospitals in planning for geriatrics facilities.

Length of stay may also be figured separately for pediatric and adult patients. Figure 5 shows the results of presenting the average lengths of stay for patients 14 years and older and patients under 14 years in the four hospitals for three service classifications: general surgery, ENT and orthopedics (taken from Fig. 2). It is evident that patients under 14 years of age dilute and lower the average length of stay for the hospital in these service classifications.

### By Sex

In the four hospitals compared, the length of stay for males exceeds the length of stay for females (Fig. 6), although in the smallest hospital, A, the difference is slight. The relatively short stay for maternity cases is pulling down the average for all females.

### By Specific Disease or Operation

Undoubtedly, for medical purposes the most essential information given by the average length of stay is obtained by computing this statistic for patients with the same diagnosis or for patients upon whom the same operation was performed. This permits the staff and the administration to make comparisons of stay for the same condition from one time period to another and to discover any unusual variations.

If a marked increase of the average length of stay is shown for patients with cholecystectomy, for example, the reasons must be found. Are these patients' diagnostic investigations being carried out with dispatch? Or are the x-ray facilities so in demand that patients must wait several days for gall bladder studies? Must patients spend extra days in the hospital because the operating facilities cannot accommodate them promptly? Do the

## THE SAME DIAGNOSIS IS MOST IMPORTANT FOR MEDICAL PURPOSES

physicians discharge their patients when they should? These are some of the factors that should be investigated. In Figure 7 the average length of stay for primary appendectomies and for cholecystectomies is shown for the four hospitals. It can be seen that for appendectomies there is nearly a two-fold difference and that for cholecystectomies the difference is in the ratio of 4 to 3. Within hospitals, cholecystectomies are uniformly staying much longer than appendectomies.

In Figure 8, three diagnostic categories are considered: normal deliveries, acute coronary occlusions, and primary bronchopneumonias. Here it is seen that more uniformity among hospitals obtains but that the conditions require strikingly different periods of hospitalization, i.e. a bronchopneumonia almost exactly twice as much as a delivery, and a coronary nearly five times as much as a delivery. It should be noted that in computing these averages, deaths are excluded. This is particularly important in such instances as the acute coronaries where a fairly high proportion of patients die and the deaths occur predominantly on the first day. Adding in the deaths with only one day's stay for each would drastically reduce the length of hospitalization average and obscure the picture of care given to coronary patients successfully treated.

### By Physician

Of consuming interest to the medical staff is the variation in the average length of stay for the same disease or operation according to the physician who treats the patient. This is particularly true if a bed shortage exists and if the patients of some physicians stay several days longer on the average than the patients of the rest of the medical staff. The comparison of

average length of stay by physician can help effect a reduction in unnecessary stay and make for a more equitable distribution of beds among the staff.

Figure 9 shows the length of stay of patients of obstetricians, each of whom performed 30 or more normal deliveries during a six-month period. In each hospital there is considerable variation, as indicated by the bars, each of which indicates an obstetrician in a particular hospital. If each physician in Hospital B (the solid bars) were to achieve an average equal to the lowest shown for that hospital, 3.8 days for Obstetrician 27, 5650 patient days would be used. If all paralleled the longest stay, that for Obstetrician

Figure 8

### AVERAGE LENGTH OF STAY IN THREE DIAGNOSTIC CATEGORIES (EXCLUDING DEATHS) IN FOUR PAS HOSPITALS JULY-DECEMBER 1958

Hospital Code	Normal Deliveries	Acute Coronary Occlusions	Broncho-pneumonia
A	4.4	22.4	7.2
B	4.4	18.2	7.7
C	3.9	19.8	9.7*
D	4.5	20.2	8.2
Over-All Average	4.3	20.0	8.6

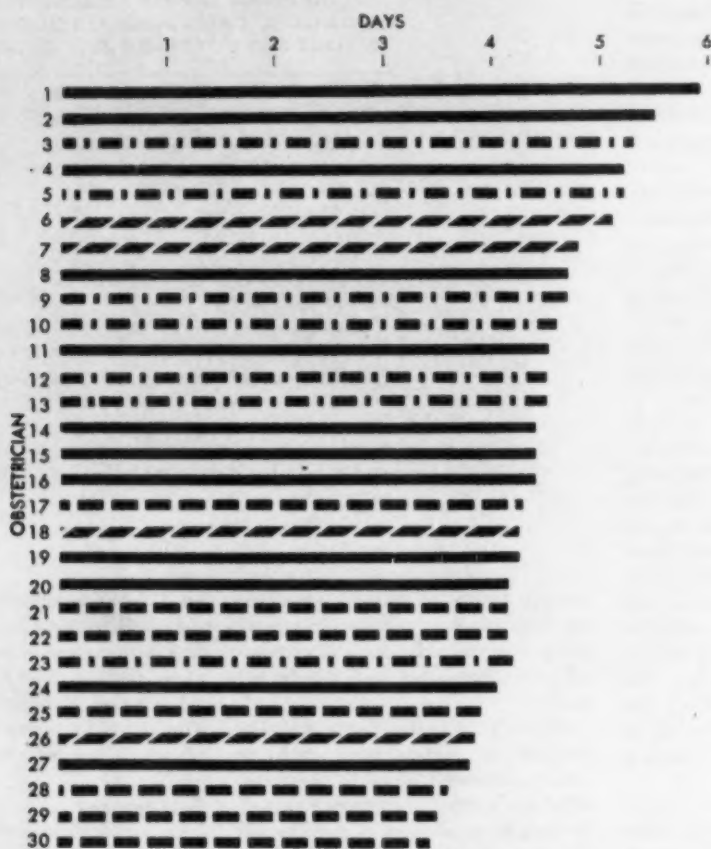
\*Excluding one patient with a 75 day stay.

No. 1, 8775 patient days would be required. This difference of 3125 patient days in the course of a six-month period, or 6250 in the year, is roughly a difference of 17 hospital beds in constant use. The physical and financial impact of this difference is clear.

### By Payment

Of particular interest to the medical staff and the administration should be the average length of stay in relation to the payer of the hospital bill. In the face of steadily increasing costs per diem of hospitalization, it behooves all concerned in the care of patients to hold total days of stay to the absolute minimum consistent with the patient's safety, for it is the patient who even-

**Figure 9**  
**AVERAGE LENGTH OF STAY FOR NORMAL DELIVERY PATIENTS OF**  
**OBSTETRICIANS DELIVERING MORE THAN THIRTY PATIENTS**  
**IN FOUR PAS HOSPITALS**  
*July-December, 1958*

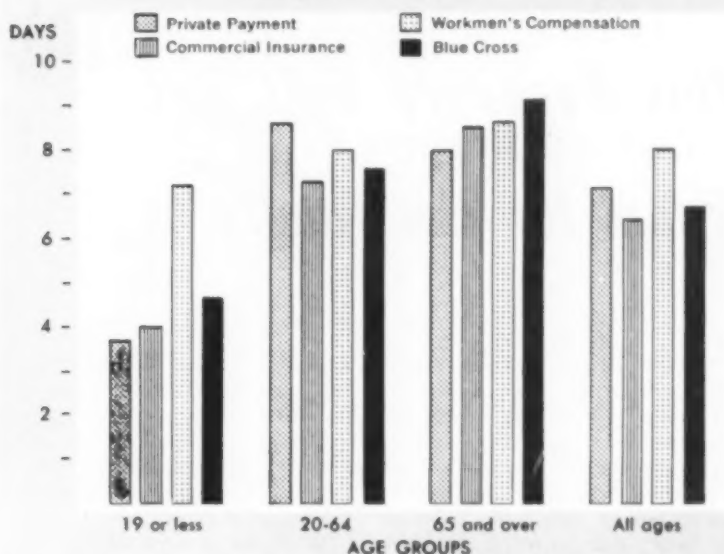


Hospital Code	Key	Total No Normal Deliveries	Sum of Stay	Average Stay
A		224	975	4.4
B		1487	6552	4.4
C		835	3285	3.9
D		832	3739	4.5



Figure 11

**AVERAGE LENGTH OF STAY  
FOR INGUINAL HERNIORRHAPHY PATIENTS  
BY SOURCE OF PAYMENT AND AGE, IN 62 PAS HOSPITALS  
For 4,843 Patients, 1957**



tually pays for needless hospitalization whether he pays the bill directly or whether a medical care insurance plan pays for him.

Figure 10 shows the sources of payment by age, and Figure 11, the relationship between source of payment and the average length of stay of in-

guinal herniorrhaphy cases in various age groups. From Figure 11 it is evident that increasing age is paralleled by an increasing length of stay for each payment category, but it is interesting to note that patients under both commercial insurance and Blue Cross have shorter over-all average lengths

of stay than those without insurance, and those under Workmen's Compensation. The reasons for this have not yet been determined; we report it as a fact in this study of 4843 consecutive inguinal herniorrhaphy patients in 62 PAS hospitals during 1957. ■

Figure 10

**INGUINAL HERNIORRHAPHY SOURCE OF PAYMENT FOR HOSPITALIZATION,  
BY AGE, 62 HOSPITALS, 4843 PATIENTS, 1957**

Age Group	Source of Payment											
	Total Patients		Private Pay		Commercial Insurance		Workmen's Compensation		Blue Cross		Other*	
	Number	Per Cent	Patients	Per Cent	Patients	Per Cent	Patients	Per Cent	Patients	Per Cent	Patients	Per Cent
19 and less	1,439	29.7	176	3.6	493	10.2	18	0.3	662	13.7	90	1.9
20-64	2,952	61.0	292	6.0	772	15.9	617	12.8	1,087	22.5	184	3.8
65 and over	452	9.3	105	2.2	101	2.1	28	0.6	178	3.6	40	0.8
TOTAL	4,843	100.0	573	11.8	1,366	28.2	663	13.7	1,927	39.8	314	6.5

\*Miscellaneous (ADC, other governmental agencies, special charities, etc.)



Small windows in visitors corridor provide a view of patients without interfering with nurses and doctors who are busy caring for the patient.

**Albert H. Scheidt**

## ***This Recovery Unit Has Room for the Family***

ONE of the problems created by a postoperative recovery unit centers around the family of the patient. If members of the family are permitted to enter the area, much of the value of the unit is lost. If, on the other hand, they are denied this privilege, the mental strain caused by failure to see the patient for such a long period of time quite frequently creates a very serious family problem.

In an effort to keep the benefits of such a unit and at the same time spare the family unnecessary worry, a lay-out was designed at Parkland Memorial Hospital to give the family an opportunity to see the patient for a short time after surgery.

Basically, the system provides for a walk-around corridor on three sides of the recovery unit. Small windows, covered by venetian blinds on the inside of the recovery unit, are located at each bed space.

When the patient is taken to the recovery unit from surgery, the recovery room nurse positions the patient so that the foot end of the bed is next to the wall. After taking steps indicated by the surgeon and the anesthetist on the order sheet, she phones the floor control clerk stating that, "Mr. Smith is in bed No. 5." Following this, she opens the venetian blind and completely encloses "Mr. Smith" in a private area by drawing a cubicle curtain around the bed. The floor control clerk locates "Mr. Smith's" relatives in the lobby on the surgery floor, escorts them to Window

5, explains to them that they should limit their visit to a few minutes, and then return to her desk.

The fact that the family has an opportunity to see the patient assists the surgeon immeasurably in explaining the success of the operation.

When the members of the family leave the window, they report back to the floor control clerk as previously requested. The floor control clerk asks that they wait a moment while she determines when "Mr. Smith" will be back in his own room. This phone call to the recovery room nurse is her signal that the family is out of the corridor. The venetian blind is closed, the cubicle curtain is pulled back, and open ward nursing is again in action, giving the patient the best of care under close supervision and observation.

For those few patients who appear to be terminal cases, a private room is included in the recovery area with a separate entrance from the corridor. In these instances, the family is allowed to be in the same room with the patient, together with the pastor, priest or rabbi. This provides a desirable family setting for the patient and at the same time relieves the other patients in the recovery area from being next to a dying patient.

The cost of the corridor area in our particular installation was less than \$6000, or an annual cost based on a 30 year life of the building of \$200 per year. Based on the number of operations performed, this feature adds 3 1/3 cents per operative procedure. Surely, this is a small cost for having *recovery for the family* as well as for the patient. ■

Albert H. Scheidt is administrator of the Dallas County Hospital District, Dallas, of which Parkland Memorial Hospital is a part.

# A NATURAL FOR THE NEW MOTHER— WITH BUILT-IN GOOD WILL FOR YOU!

## DAVOL FORMULA SERVICE PLAN



### FEED-RITE PLASTIC #274-P

	Hospital Price	Selling Price to Mothers
2 gross lots	\$1.44 per carton	\$2.65 per carton
5 gross lots	\$1.38 per carton	\$2.65 per carton

### DURAGLAS #154-P

	Hospital Price	Selling Price to Mothers
2 gross lots	\$1.15 per carton	\$2.00 per carton
5 gross lots	\$1.05 per carton	\$2.00 per carton



DAVOL FORMULA SERVICE PLAN helps mother and baby make a smooth transition from the hospital to the home. Here's how it works—

1. Hospital buys Davol "Handy-Packs." Each pack holds 6 Davol DURAGLAS or FEED-RITE Nursers—enough for a 24-hour supply of take-home formula.
2. Hospital offers mothers a 24-hour supply of formula in Davol Nursers for the regular retail price of empty Davol Nursers.
3. Hospital buys at special price—provides an improved patient service at a profit.
4. "Handy-Packs" eliminate need for hospital to supply its own containers . . . simplify mother's first day at home.
5. Davol supplies handy order forms for distribution to maternity patients. A special order form for each plan.

Davol Duraglas and Feed-Rite Nursers are guaranteed by Good Housekeeping Magazine. Come complete with famous Davol Nipples—specially vented to regulate flow of formula, prevent clogging and nipple collapse. Davol nursers and parts are readily available at neighborhood drug or department stores.

### ALSO AVAILABLE

- #254-P Feed-Rite Plastic with nipple inverted
- #174-P Duraglas with nipple upright and with cover

CONTACT YOUR HOSPITAL  
SUPPLY DEALER OR WRITE—

**DAVOL RUBBER COMPANY**  
PROVIDENCE 2, RHODE ISLAND

## *Controlling Production of Parenteral Fluids*

**A step-by-step analysis of the procedure  
followed at the University of Iowa Hospitals  
in the preparation of parenteral solutions**

**William W. Tester and David L. Howard**

**W**HETHER or not a hospital should produce its own intravenous solutions in preference to buying them commercially is a moot question. It cannot be questioned that, in an efficiently run operation, money can be saved through sterile solution production by the hospital. However, money cannot be the primary consideration in the area of patient care. A hospital's primary responsibility is to the health of the patient.

### **Hospital Cannot Be Careless**

A hospital cannot afford to leave itself open to accusations that it is careless in its production of parenteral solutions. Such a position can be costlier than using commercial products and would certainly reflect on the reputation of both the hospital and the pharmacy. Whether a hospital is willing to initiate a controlled parenteral program depends largely on the personal philosophy of the administrator and the pharmacist.

The term "quality control" can be divided into two categories. First is finished-product control by which the intravenous solutions are checked for sterility, freedom from pyrogens, freedom from foreign matter, and exact chemical composition. Of equal im-

portance is what is described by Dr. Dwight Deardorff of the University of Illinois College of Pharmacy as "in-process" quality control. This is a method organized to minimize human error, detect it if and when it occurs, and pinpoint responsibility.

An operation that includes finished-product quality control must also have the in-process control. In an operation that does not have finished-product quality control, the in-process control must be rigidly enforced. Every lot must be a quality product. But is this feasible? Can such a system be completely infallible? Here the controversy over "proper" quality control begins, and here we intend to leave it — aside from a few remarks regarding the quality control practiced at the laboratory described in this article.

The State University of Iowa Hospitals began manufacturing parenteral solutions on a large scale in 1939 under the direction of the central sterile supply department. By 1956 the facilities had become extremely outmoded, and the volume of sterile solutions used by the hospital had increased markedly to 10,000 units monthly, including 4000 liters of normal saline for irrigation purposes. The original parenteral program failed to meet the requirements of the hospital, and supply had to be supplemented with solutions purchased from

an industrial source. At this time, the central sterile supply department was moving to a newly remodeled area, and among the problems in planning the new department was the question of what should be done with the parenteral production. Two alternatives were proposed: (1) offer the program to the college of pharmacy, or (2) adopt a complete commercial program. The college of pharmacy accepted the challenge after receiving assurance that it would receive adequate appropriations to plan a modern parenteral setup from which the hospital's total fluids needs could be assured.

### **Assembly-Line System Used**

After much research, many visits to other hospitals, and consultations with manufacturers of parenteral equipment, plans were drawn up. Because of the large volume of solutions used, it was decided that the most efficient system of production would be, as in industry, an assembly line with as many as 800 units being filled in one production period. This was also judged the most practical method from the standpoint of economy. A complete quality control system was planned, including sterility, pyrogen and chemical assays on each lot of finished solutions. Since the control cost would be the same for each lot,

Mr. Tester is assistant professor, college of pharmacy, and chief pharmacist, State University of Iowa Hospitals, and Mr. Howard is staff pharmacist of the University Hospitals.

# stops

post-  
operative  
oozing

Absorbable Hemostatic

Time-tested OXYCEL (oxidized cellulose, Parke-Davis) promptly achieves surgical hemostasis following capillary and other small-vessel bleeding. Applied directly from the container, OXYCEL readily conforms to wound surfaces.

■ Sterilized, gauze-type, 3 inch x 3 inch eight-ply pads, and 4 inch x 12 inch eight-ply pads.

■ Sterilized, cotton-type, 2½ inch x 1 inch x 1 inch portions.

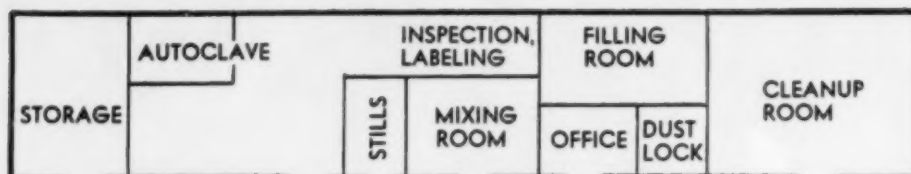
■ Sterilized, four-ply, gauze-type strips, 5 inch x ½ inch, 18 inch x 2 inch, 36 inch x ½ inch, and 3 yard x 2 inch, pleated in accordion fashion.

▲ Sterilized, four-ply, gauze-type discs, 5 inch and 7 inch diameters, conveniently folded in radially fluted form. Supplied in individual glass containers.



PARKE-DAVIS & COMPANY • DETROIT 12, MICHIGAN





Plan shows the physical layout of the parenteral solutions manufacturing laboratory.

the cost per unit could be minimized by making as many units in one lot as possible.

The plan above depicts the physical layout of the parenteral laboratory. The area is 88 feet long and 16 feet wide. The space was acquired in an already existing building on the medical center campus, so plans had to be adjusted to this space. As in most hospitals, space was at a premium, so efficiency of design was a must.

The intravenous containers used are heatproof cylindrical graduated bottles. The closures used are designed as a two-hole rubber bushing with a stainless metal ball-check valve for air to enter, thus displacing the solution. The bushing is covered with a nylon cap which is drawn down during the post-autoclave cooling period to form a hermetic seal that ensures the safety of the contents. This two-piece system is quite convenient, easy to clean, easy to assemble, and self-sealing. A stainless metal hanger is used to suspend the bottle for administration. These hangers become a permanent accessory of the bottle.

As the empty bottles are returned

from the hospital wards, they are placed on racks in the cleanup room. There the closures are removed preparatory to washing. The caps and rubber bushings used for intravenous closures are washed in a small washer similar in principle to a household clothes washer. The closures are put through a series of cycles of 15 minutes each in a detergent solution, tap water, and distilled water. The nylon caps are dried with dry heat after their final distilled water rinse and stored in the filling room until ready for use.

The bottles are washed in a large unit featuring a conveyor which automatically moves them through all the washing cycles. The bottles are placed upside down on the conveyor and carried through a series of jets that wash them inside and out with a 2 per cent caustic soda solution at 180° F. They then move into a series of tap water rinses and a final distilled water rinse.

At this point the bottles are taken directly from that portion of the washing machine which projects into the filling room. In one hour the bottle washing machine will handle nearly

400 one-liter bottles or 500 half-liter or smaller containers down to a 5 cc. vial. This is considered an adequate rate since it is impossible for the rest of the production line to process the solutions any faster. In addition to washing bottles for parenteral production, this washer is used to wash all sizes of bottles which are used by the manufacturing laboratory of the college of pharmacy and other than sterile containers for the hospital pharmacy.

Distilled water is furnished by two 30 gallon capacity stills. The water feeds into a 150 gallon storage tank which is steam heated to discourage bacterial growth during storage. Water storage is necessary, since as much as 300 gallons may be used during a single production. The stills are fully automatic as their operation is controlled by a predetermined water level in the storage tank. In addition, the stills shut off automatically every four hours for about 15 minutes to flush out any residue collected in the boiling chamber. The purity of the water is also controlled automatically. The controller is set at a predetermined level of purity which, in this case, is one part per million of sodium chloride.

If at any time the purity drops below that level, any water being produced by the stills is flushed down the drain instead of feeding into the storage tank. A second purity control, located at the outlet of the storage tank, records on a chart the conductivity of the water as it comes from the tank. These stills produce consistently good water of nearly 2 million ohms resistance which corresponds to less than 0.1 part per million of sodium chloride. Even though the purity regulator is set to allow water with im-



Bottles are washed in large unit with a conveyor that automatically moves them through a series of jets which wash them inside and out.

Irregularly calcified lesion in the medullary cavity with smooth scalloping of the endosteal surface of the cortex. Lesion occupies the proximal half of the shaft extending to the region of the tuberosities. Radiograph made on Kodak Royal Blue, fastest available medical x-ray film, designed expressly to provide maximum information with minimum exposure.

## EXPLORATORY FENESTRATION

of left humerus with partial removal by curettement of a lesion in the marrow cavity.

Radiographs, preoperative and postoperative. Color photographs, showing essential steps in the surgery.



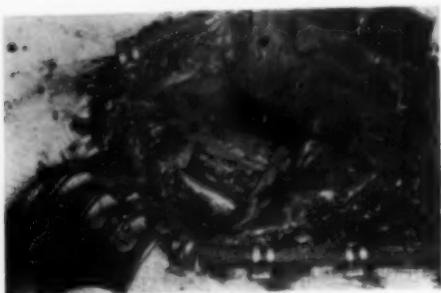
1. Incision at anterolateral aspect of the arm near insertion of the deltoid muscle.

(Turn page for additional illustrations)

### Exploratory Fenestration (Continued)

The color photographs reproduced on this and the preceding page were made on Kodak Ektachrome roll film. 2 x 2 slides, also, were available to the

surgeon for teaching and review, as well as black-and-white prints for files—definitive, fully objective materials for use any time, anywhere!



2. Small cortical window has been made in the humerus showing the underlying pathologic lesion.



3. Cortical window has been enlarged and the lesion in the marrow cavity partially curetted.

Note: Kodak Ektachrome roll film, used to make the illustrations for this picture sequence, may also be obtained for miniature cameras and sheet-film cameras.



4. Wound prior to closure. Two polyethylene tubes in place, one for suction, the other for insertion of antibiotics.



5. Technician preparing to radiograph patient in surgery to show extent of dissection in marrow cavity. Radiographs read wet, gave surgeon quick progress picture.



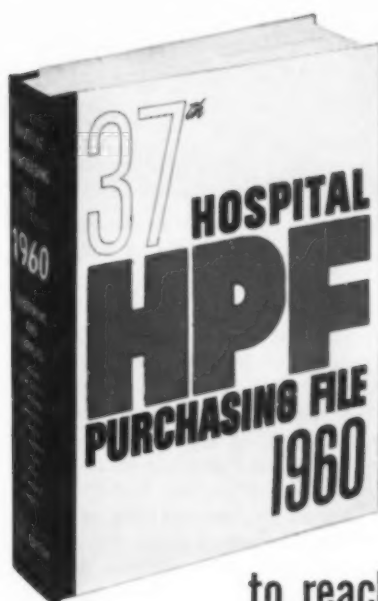
Postoperative radiograph made week following exploratory fenestration. Examination of resected tissue showed lesion to be a chondrosarcoma.

*Order Kodak x-ray products from your Kodak x-ray dealer.  
Kodak photographic products from your Kodak photographic dealer.*

**Medical Division, EASTMAN KODAK COMPANY, Rochester 4, N. Y.**

like its 36 predecessors which have served  
hospitals since 1919—

**THIS FILE**



to reach you in January

will help hospital people **BUY** in these 7 ways:

1. To find sources of supply for any product or service.
2. To find detailed information on a specific product or service.
3. To find a specific firm's catalog.
4. To find products for a specific department.
5. To find the full address of any firm listed in the classified directory of hospital suppliers.
6. To check needed equipment and supplies for a new hospital.
7. To request more information about products and services.



PUBLISHED BY PURCHASING FILES, INC., 919 N. MICHIGAN AVE., CHICAGO 11, ILL.



Above: Rigid conditions are imposed in the filling room to prevent contamination. The air is pressurized and conditioned. Here bottles are being capped.

purities up to one part per million, the water is consistently superior to this in quality. The United States Pharmacopeia allows up to 10 parts per million in water for injection. The water is pumped from the storage tank into both washers in the cleanup room and into the mixing room.

The production schedule is planned a week in advance after a check on the inventory of solutions on hand and

consideration of such factors as available help, water supply, available autoclave carts, bottles and so forth.

The control program is a constant process extending beyond the "in-process" and finished-product controls. It involves inspection and maintenance of equipment, maintenance of the strength of caustic solution for washing the bottles, and application of general and rigid rules of cleanliness and

Below: In the inspection and labeling area each bottle is passed over a strong beam of light to detect any impurities and such bottles are then rejected.



aseptic technic. The formal control for each individual solution begins on the day before production.

The laboratory supervisor, a registered pharmacist, transfers the formula for the scheduled solution from a master formula card to a manufacturing worksheet. This master formula contains special information on the technic of preparation and the quantity formulation. The supervisor now selects a control number which he assigns to this production lot.

On the day of production, the manufacturing record containing the formula is taken to the mixing room where a technician makes the proper weights and mixes the solution, with each step checked by the pharmacist. The name of the manufacturer of the raw chemical, his control number, and any organoleptic observations are recorded on the manufacturing record. All chemicals used are of U.S.P. or C.P. quality. Although some workers insist on a grade superior to U.S.P., it is our experience that this grade is quite sufficient. We do not run controls on raw materials, the label of the manufacturer being considered reliable.

The solution is mixed in either of two stainless metal tanks, one of 175 gallon capacity and the other 50 gallon. These tanks are equipped with electric mixers. The major equipment that comes into contact with the solution is stainless metal although some of the transfer tubing is of plastic material. The batch method of preparing solutions is considered preferable to the concentrate dilution method, and this method continues to gain popularity in the parenteral field. The batch method provides greater efficiency and assures accurate and uniform concentration of the solutions. After being mixed, the solution is pumped first through a series of asbestos filters and then through polishing candle filters encased in stainless metal. From here the solution is piped through stainless metal directly to the filling room.

Rigid conditions are imposed in the filling room to prevent contamination. The air is pressurized and conditioned. The conditioner contains an electrostatic air cleaner which places an electrical charge on any air-borne particles so they are attracted to the walls. The walls, floors, ceiling and equipment are washed with a 2 per cent solution



Especially effective when  
used preoperatively

**Adrenosem<sup>®</sup>**  
SALICYLATE  
(Brand of carbazochrome salicylate)

to control oozing and bleeding

As one clinician states: "Blood loss may be hidden temporarily after closure of the thoracic or abdominal cavities, even though drains are in place. Obstruction to outflow through these drains can occur, and bleeding is not apparent."

"There are certain clinical situations in which prolonged and profound oozing of blood may occur."

Adrenosem has proved effective in more than 200 clinical disorders in the control of oozing and bleeding. It is used routinely, preoperatively and postoperatively, in thousands of hospitals.

*Supplied in ampuls, tablets and as a syrup.*

Write for comprehensive, illustrated brochure describing the action and uses of Adrenosem Salicylate.

<sup>\*</sup>U.S. Pat. 2541850; 2506294

*1. Dripps, R.C.: Hazards of the Immediate Postoperative Period, J.A.M.A. 7:795 (Oct. 19, 1957). [This reference reviews postoperative hazards, and does not refer to Adrenosem Salicylate].*

BRISTOL, TENNESSEE   NEW YORK   KANSAS CITY   SAN FRANCISCO

THE S. E. MASSENGILL COMPANY



of orthohydroxybiphenyl to reduce bacterial contamination. All persons working in this room are required to wear sterile gowns, gloves, masks, caps and shoe coverings. These are put on in a dustlock room before entering the filling room.

The solution is piped into a semi-automatic vacuum filling machine. The bottles are removed from the washer as they emerge from the distilled water rinse and filled four at a time to the proper level. At this point any excess solution is drawn off automatically and pumped back into the

mixing tank where it is refiltered. The filled bottles are then moved onto a conveyor belt and capped.

The filled and capped bottles move along the conveyor belt into the inspection and labeling area. Here, each bottle of solution is passed over a strong beam of light where any particulate matter is detected and such bottles are rejected. The solutions are then labeled with an adhesive label that is resistant to autoclave conditions. The label contains the other usual information required for parenteral solution. The adhesive tape label,

though more expensive than the paper gum label, has several advantages. It is attached to the container immediately following filling. It is easily applied and obviates the necessity of post-sterilization labeling procedures.

The bottles are then placed on a cart to be loaded into the autoclave. Each cart will hold 400 one-liter bottles; hence the standard volume prepared at one time is either 400 or 800 units. Four hundred liters can be filled, capped, inspected and labeled in approximately one hour.

A totally automatic autoclave 36 by 42 by 84 is used to sterilize a cart load (approximately 400 liters; 700 half-liters) of solution. Sterilization is carried on for 30 minutes at 120° C. at 15 lbs. steam pressure. Dextrose solutions are sterilized for 25 minutes only because of their sensitivity to elevated and extended temperature.

After removal from the autoclave, samples of the lot are taken from each load for a pyrogen test, sterility test, and chemical assay. All of these tests are conducted in a manner approved by the U.S.P. The college of pharmacy is in charge of the chemical assay, the bacteriology laboratory of the college of medicine conducts the sterility tests, and the pyrogen test is run by a commercial firm.

The solutions are placed in quarantine until all results of the control tests are reported. This requires about 10 days since the samples cannot be pronounced sterile before that period of incubation. If all reports testify to the good quality of the solutions, the solutions are then released for use by the hospital. During the first year of operation, there have been no unfavorable control reports. As the bottles are put on the shelf, they are checked for a hermetic seal by a test for the water-hammer click which is evidence of a vacuum within the bottle. They are again checked just prior to administration to the patient.

The supervisor keeps a control record for each lot. Here are recorded the information from the manufacturing worksheet, the name of the person who performed each step in the production, the results of the various control tests, and a cost accounting. Throughout the entire production, stress is placed on cleanliness and neatness. The nature of this type of work dictates that aseptic technics must prevail.

Following each production, the entire filling system from mixing tank to

**MISS PHOEBE**
NO. 32 IN A SERIES

"See, Santa? Now want to bet I can't get back up in my Everest & Jennings chair?"



Model with full-reclining back, elevating legrests and detachable arms

Everest & Jennings chairs are built to withstand rugged service. They retain their gleaming finish and smooth performance year after year with little or no maintenance cost. If you're looking for wheel chair economy, buy Everest & Jennings. In the long run, they cost you less.

Specify **EVEREST & JENNINGS** chairs  
for your hospital

EVEREST & JENNINGS, INC., 1803 PONTIUS AVE., LOS ANGELES 25, CALIF.

# now

## ...LIQUID OXYGEN

### FOR ALL

## GENERAL HOSPITALS

## ...25 BEDS OR LARGER!

EVERY GENERAL HOSPITAL in the U. S.—from 25 beds to the largest—can have the benefits of a LINDE liquid oxygen system.

An experienced LINDE representative can tell you quickly which unit best suits your use. Rate of monthly oxygen consumption and your geographical location are the determining factors in selecting the proper unit for your hospital. If you do not have piping, the LINDE representative can advise you how best to adapt your hospital to receive LINDE liquid oxygen service.

Learn how you can take advantage of more than 50 years of LINDE experience in the oxygen business. Call your nearest LINDE representative or distributor. Or write Linde Company, Division of Union Carbide Corporation, 30 East 42nd St., New York 17, N. Y. In Canada: Linde Company, Division of Union Carbide Canada Limited, Toronto.



Surprisingly compact, this 90 VCC unit holds 90,000 cu. ft. of oxygen. It's a relatively small package because at atmospheric pressure liquid oxygen in its gaseous state would require 862 times more storage space.



One of the most popular storage units is LINDE's new AT-25. It holds 25,000 cu. ft. of oxygen, yet fits in an area only five feet square.



Both portable and compact, the LC-3 container can be moved about by one man—yet holds 3000 cu. ft. of oxygen, the same as 12 conventional cylinders. LC-3's can be used at the bedside or manifolded to provide a continuous supply to the piping system.

*Linde*

TRADE-MARK

"Linde" and "Union Carbide" are registered trade-marks of Union Carbide Corporation.



filling machine is flushed with distilled water. Then before the next production, a part of that product is run through the line and discarded. Weekly, all equipment involved in the filling system is disassembled and cleaned with a detergent solution, tap water and distilled water, and then dried by rinsing in alcohol.

Also, after each production, the floors in the filling room, dustlock and mixing room are scrubbed with 2 percent orthohydroxybiphenyl solution while the walls and ceilings are washed weekly. Floors in the other

rooms are scrubbed by the hospital housekeeping staff every night. All stainless metal equipment is polished regularly and all painted equipment is retouched.

The rooms are attractively decorated. Walls are of beige glazed brick, pastel yellow and green plaster, and pastel green ceramic tile. The top half of the partitions between the rooms involved in the filling procedure are glass encased in wood. This provides a view of the entire assembly-line production from any one of five rooms. Floors are of rose vinyl asbestos

tile and metal cabinets are painted rose and have dark green pressed wood counter tops. This scheme of interior decoration, combined with shining stainless metal and clean white paint, gives the laboratory an atmosphere that makes it a pleasant place to work and also gives observers confidence in the laboratory.

A detailed outlined procedure is necessary for a sterile fluids operation. An operation and procedure manual has been compiled which defines each step — both the method by which it shall be done and the reason for doing it. The manual includes everything from directions for washing bottles and instructions on greasing of equipment to general rules of conduct for employees. It is the responsibility of the supervisor to enforce the regulations in the manual.

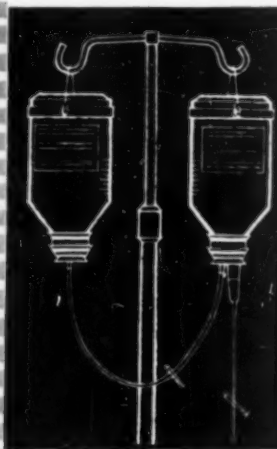
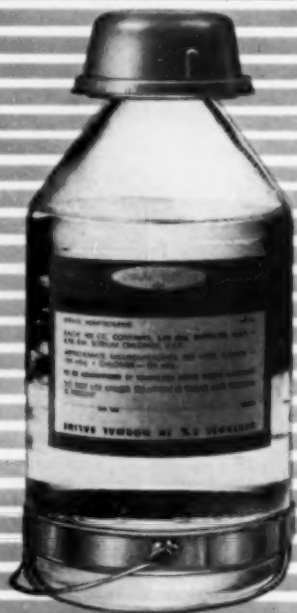
Often it is so easy for a pharmacist, schooled in the manner of compounding and dispensing medications, to neglect such seemingly mundane matters as greasing equipment. However, in a system where one's existence is justified only by the economy he exhibits, all equipment must be maintained in the best of repair to prevent any unnecessary expenditures for upkeep. Directions for maintenance have been included in the operation and procedure manual. Also on file is an equipment maintenance record for each piece of equipment, and each time the equipment is greased, a record is made. This file is checked routinely by the supervisor to make sure that all equipment is being kept in proper repair. Equipment inventory and control cards are available for all major pieces of equipment; they contain the equipment specifications, inventory number, excess parts, location, service representative name, address and telephone number, and other pertinent data. On the reverse side, record is made of any service call or adjustment on the equipment.

In addition to providing the sterile solutions for the University Hospitals, the parenteral laboratory is utilized by the college of pharmacy as an educational laboratory. All graduate students who serve their internship in hospital pharmacy serve a tour of duty at the laboratory and are completely familiarized with the program. Future plans for the laboratory will give it an even greater role in the college of pharmacy educational program as well as increase its service to the hospital.

(Continued on Page 114)

## CLIK•O•VAC INTRAVENOUS SOLUTIONS SYSTEM

AFFORDS THE ULTIMATE IN SAFETY, CONVENIENCE AND ECONOMY FOR HOSPITAL-PREPARATION OF PARENTERALS . . . VACUUM CLOSURE PROVIDES POSITIVE SEAL . . . WATER-HAMMER CLICK PERMITS VERIFICATION OF SEAL . . . TWO HOLE BUSHINGS OFFER INTERCHANGEABILITY WITH COMMERCIAL SYSTEMS . . . REUSABILITY OF COMPONENTS ASSURES TRUE ECONOMY . . . WRITE FOR BROCHURE.



Other Items for the Fluids Facility:  
Water Stills and Purity Controls  
Flask Washers and Rinsers  
Flask Drain Trucks  
Solutions Preparation Units  
Pour-O-Vac System for Surgical Fluids  
Urol-O-Vac System for Urological Fluids  
Pharm-O-Pac System for Small Volume Parenterals  
Expendable Administration Sets

**THE MACBICK COMPANY**  
DEPT. MH BROADWAY • CAMBRIDGE 39, MASS.

**MACBICK**





Swedish Covenant Hospital  
Chicago, Illinois



Louis A. Weiss Memorial Hospital  
Chicago, Illinois



Chicago Wesley Memorial Hospital  
Chicago, Illinois



Suburban Community Hospital  
Cleveland, Ohio



Michael Reese Hospital  
Chicago, Illinois

JOIN THE  
BIG CIRCLE  
OF HOSPITALS \*  
USING  
FLEX-STRAWS

\*Space permits mention of only a few of the thousands of hospitals, large and small, who choose Flex-Straws

- ☀ FLEX-STRAW is the **original**... precision corrugation... unmatched flexibility... proved best in a decade of drinking tube service.
- ☀ FLEX-STRAWS are **disposable**... bend to **any angle** for greater patient comfort... can be used for **hot or cold liquids**.
- ☀ FLEX-STRAWS are **safe**... eliminate need for sterilization... danger of breakage.
- ☀ With all these advantages FLEX-STRAWS are **money savers**... original cost the only cost.

**NEW LOW PRICES  
ON THE ORIGINAL  
FLEX-STRAW®**

**CONTACT YOUR  
DISTRIBUTOR**

**CANADIAN DISTRIBUTOR:**

Ingram & Bell, Ltd.  
Toronto, Montreal  
Winnipeg, Calgary, Vancouver

write for free samples and literature

FLEX-STRAW CO., Int'l. M.H.  
P.O. Box 431, Santa Monica, Calif.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_



(Continued From Page 112)

It is difficult to place a monetary value on the service provided by hospital parenteral production. There is a definite advantage in being able to produce a solution that is "tailor-made" to the needs of the medical staff. But considering the wide selection of commercial parenteral solutions and the fact that it is impossible to mass-produce solutions that are made for the individual patient, this is probably not reason enough to undertake such a project. The cost analysis of our first year's operation

indicates the possible savings to be effected by a hospital parenteral production program and suggests this as an inducement for establishing such a program.

We started production on March 10, 1958. However, the production costs for the first few months cannot be considered representative of our system. During the initial operation, trials and errors resulted in expense which obviously will not be recurrent. Therefore, we have used the six-month period July 1, 1958, to Jan. 1, 1959, as the basis for our cost analysis.

During that period we had 144 production runs, producing a total of 59,760 usable units. This includes 32,716 units of parenteral solutions, 500 and 1000 cc.; 25,250 units of irrigating solutions, and 1794 units of multiple dose injections. This represents the entire amount of such solutions used by the hospital with the exception of an amino acid solution which is purchased.

In our cost analysis we have included as many factors as we consider significant. Hospitals are usually accused of understating their costs because they ignore many so-called "hidden costs." Consequently we have investigated every area in which we meet any indirect expense. The factors that combine to make up our cost include:

Labor and supervision	31.3%
Control	12.6%
Cleansing agents	1.2%
Miscellaneous — filters, uniforms, laundry, clerical supplies, and so on	1.2%
Maintenance — housekeeping, repairs	4.0%
Depreciation	9.3%
Noningredient bottling materials (bottles, closures, labels, hangers)	30.2%
Chemical ingredients	10.2%
	<hr/> 100.0%

While we realize that a six-month study is not conclusive as to the efficiency of our operation, the extent of our savings thus far gives us cause for optimism. This savings, along with the high quality of the products and the value as a pharmacy teaching laboratory, makes this unit an important part of the State University of Iowa Medical Center and College of Pharmacy.

Admittedly, the physical facilities described here are rather elaborate. This is due to the large scope of the laboratory, i.e. the present large volume of solutions produced, planned expansion, and the dual purpose of the laboratory in serving as a teaching instrument, as well as providing a service to the hospital. No hospital should be discouraged from initiating its own parenteral program by looking at this description and declaring it too formidable an undertaking. Suppliers of parenteral equipment have an extensive line of equipment to satisfy any type of operation and budget. A conscientious and competent hospital pharmacist can devise a system to fit the needs of his hospital. ■



## rubber elastic bandage

CONCO RUBBER ELASTIC BANDAGE is woven with more live, heat resistant rubber per inch assuring uniform controlled compression.

CONCO RUBBER ELASTIC BANDAGE is scientifically produced with these built in advantages: superior firmness and body at any tension; new bandage feel, appearance and utility after repeated washing and sterilization; double economy — initial low cost and longer effective life; and many more qualities which make CONCO the rubber elastic bandage you need and want.

**coNco SURGICAL PRODUCTS**  
CONNECTICUT BANDAGE MILLS, INC. • BRIDGEPORT, CONN

IN TRAUMA...

INFECTION...

SURGERY...

# VARIDASE<sup>®</sup>

Streptokinase-Streptodornase Lederle

speeds  
recovery

VARIDASE Buccal Tablets activate the natural fibrinolytic system to reduce inflammation and swelling and relieve associated pain.

VARIDASE Topical may be used alone or with the Buccal Tablets for local débridement. Indications include: abscesses • draining ulcer • contusions • abrasions • sprains and fractures • traumatic edema • sinusitis • purulent meningitis • hematomas • empyemas • suppurations • adenitis • cellulitis • otitis media • infected wounds • burns

Supplied: VARIDASE Buccal Tablets—Bottle of 24

VARIDASE Topical—with or without CMC Jelly

VARIDASE Intramuscular—25,000 Units/Vial



LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, New York

for Earlier Ambulation...



Less Nursing Care...



Shorter Hospital Stay



## Meinecke

helps you serve  
more patients, better



### Meinecke's exclusive **SYRINGE** MEDICINE CARD **CLIPS**

- keep medicine card securely attached to syringe . . . card and syringe cannot become separated even if tray is tipped
- REDUCE DANGER OF POSSIBLE MIX-UP IN MEDICATION
- CAN BE USED WITH ANY TYPE OF TRAY
- hold loaded syringe level in elevated, sterile position on any smooth, rigid surface . . . both needle and plunger ends are kept free from contamination
- fits either 2 cc. or 5 cc. syringe interchangeably
- last indefinitely . . . attractively plated spring brass Clip never loses its tension
- simple to attach . . . just insert Medicine Card in coil at top of Clip, press Clip down over syringe barrel until legs lock into position

D-205 Syringe Medicine Card Clips  
Packed 1 doz to an envelope:  
Lots of 12 doz. . . . \$2.40 doz.  
Smaller quantities . . . \$2.60 doz.

**Meinecke & COMPANY, INC.**

Over 65 years of continuous  
service to the hospitals of America

223 Varick St., New York 14

Branches in  
Los Angeles and Sunnyvale, Calif.  
Dallas, Chicago & Columbia, S. C.

## Operating Room Forum

### O.R. Nurse Should Remind Surgeon of Potential Explosion Hazards

By Frances Ginsberg, R.N.

**H**IS office nurse and his operating room nurse should be the surgeon's "Girls Friday." As such, they are his assistants and advisers on many matters which he himself either cannot attend to, or does not have time to investigate, and so must depend upon their good judgment. For these responsibilities, each should be especially trained and well informed.



Frances Ginsberg

I will not, of course, speak for the office nurse. However, I can and want to talk about this responsibility as it applies to the operating room nurse on both aseptic practice and explosion hazards on the operating table arising from the

use of certain solutions or faulty techniques.

When she is called upon for suggestions, as she is or should be, the operating room nurse must be aware of the best techniques to avoid postoperative infection. We have talked about this subject in previous columns and we will likely have more to say about it in succeeding columns. Its importance cannot be overlooked or overemphasized.

It is the other responsibility, that of avoiding operating room explosions resulting from the hazards of tincture compounds, that I want to discuss here.

The use of tincture compounds in general surgical procedures has become a habit pattern for some surgeons. Because these compounds are volatile, especially when used in orifices where they can be retained and not vaporized, this habit pattern should be broken when necessary by reason and foresight, and not by an eventual mishap when, for example, the heat from an electrocoagulating unit creates a spark that ignites the hidden unvaporized tincture in an orifice.

It should be the operating room nurse's responsibility to note what procedure the surgeon is using and suggest some other procedure if, in her good judgment, it seems he is heading into such an explosion danger. She should remind him that aqueous compounds preceded by a meticulous scrub with a hexachlorophene soap preparation will prevent such a dire consequence.

Knowledge of this type, coupled with mutual understanding and respect between the surgeon and his nurse, means better teamwork and greater safety to the patients they care for. It is not, as some may conclude, the usurping of responsibility, presumption on the part of the nurse, or the inadequacy of the surgeon. It is good procedure, it is good medicine, good teamwork, and good practice. The surgeon benefits, the team benefits, the hospital benefits, and, most important of all, the patient benefits. He, after all, is the end to which all of the efforts of the others are directed. ■

Miss Ginsberg is a consultant on operating room nursing and hospital aseptic techniques and a member of the Bingham Associates Program at Boston's New England Center Hospital.

cut exactly the  
lengths you need...



sterilize only  
the lengths you cut

## **ETHI-ROLL™ surgical silk and cotton**

Tru-Permanized Surgical Silk and ETHICON Surgical Cotton are now provided in the ETHI-ROLL Package with new "cut-your-own" convenience. Just pull out, measure the desired length on the box and then cut. Twenty 30-yard strands in each ETHI-ROLL box.

# **ETHICON®**



## the NEW LOOK in GENERATOR DESIGN

on large Onan  
gasoline and  
diesel plants



ONAN'S NEW  
MAGNECITER  
GENERATOR

TYPICAL  
ROTATING  
EXCITER  
GENERATOR



*Eliminates all moving  
parts in exciter and  
voltage regulator*

### Steps up performance in primary or standby installations

**FASTER VOLTAGE RECOVERY**—Rated voltage is restored within one second after load is applied or removed, compared to 5 seconds with rotating exciters.

**LESS VOLTAGE FLUCTUATION**—Voltage fluctuation with load changes is less than half that of standard-type generators.

**GREATER RELIABILITY**—Eliminates hundreds of electrical connections, the commutator and its brush rig.

**FEWER ADJUSTMENTS**—No extra sensitive adjustments necessary. Regulator has no delicate multiple contact points.

**EASIER SERVICING**—All exciter and regulator components are easily accessible. No dismantling necessary.

New Magneciter generators are now standard equipment on all Onan Electric Plants of 100, 125, 150, 175 and 200KW, as well as on many smaller sizes. A choice of Diesel or gasoline engine power is available on most Magneciter-equipped models. Complete specifications on any or all Onan units will be sent on request.



**D.W. ONAN & SONS, INC.**

3099 University Ave. S.E. Minneapolis 14, Minn.

## Modern Hospital Practice

### Emergency Service Should Not Be the Stepchild of the Medical Staff

By Robert S. Myers, M.D.

IN THOSE hospitals without interns or residents the emergency room must be covered by medical staff physicians who take turns being on call for this service. This may impose quite a burden upon the individual physician when the staff is small and the emergency service is active. Under such circumstances, the desire of the medical staff to include every member upon the duty roster for the emergency service is easily understood; it spreads the work more equitably and reduces the number of duty periods for each physician.



Dr. Robert S. Myers

A duty roster that includes every staff physician regardless of his field of medical practice is contrary, however, to the best interests of the patient who seeks emergency service treatment for it requires physicians to treat as emergencies disease conditions which they would not be permitted to treat in patients admitted to the hospital. For instance, not infrequently the medical staff insists that the pathologist, the radiologist, the anesthesiologist or the ophthalmologist take his regular turn on call for the emergency service. On such duty each of these specialists would see and treat medical and surgical conditions for which they have not had training, which they do not normally see, and in which they are not competent. Certainly, there are few hospitals, accredited or not, which would permit such specialists, competent though they may be in their special fields, to suture tendons, reduce fractures, regulate diabetes, or treat cardiac failure in patients admitted to the hospital. Nor would these particular specialists desire such privileges.

The same stringent regulations should govern the emergency service as hold for the care of hospital inpatients. Privileges to care for patients in both areas should be based upon the training, experience and demonstrated competence of the individual physician. If a physician is not permitted to treat patients with certain diseases when they are inpatients, he should not be permitted, to say nothing of being required, to treat them in the emergency service.

Ideally, the medical staff should establish a duty roster based upon the degree of departmentalization of its hospital. For example, if there are departments of medicine, surgery and obstetrics in a particular hospital, a staff member from each of these three departments should be assigned to the emergency service for each 24 hour period. Which of these three physicians will be called to see an emergency patient will depend upon the judgment of the nurse supervisor who sees the patient upon arrival in the emergency room. The actual diagnosis and treatment of the patient are, of course, the responsibility of the physician and not of the nurse.

The emergency service of the hospital should not be treated as an unwanted stepchild. It is the most hazardous, and frequently the worst conducted, area of the hospital. Here are commonly seen conditions that demand a high degree of diagnostic acumen and a considerable experience with medical and surgical emergencies. The diagnosis of cerebral injury in the alcoholic, of coma from any cause, of the laceration of the hand which may involve a tendon or nerve are difficult enough for the experienced clinician. They should not be entrusted to the novice; nor should their treatment.





antibiotic resistant **STAPHYLOCOCCI** are killed by  
**ZEPHIRAN<sup>®</sup>** in seconds

USE ZEPHIRAN TO HELP CURB THE CURRENT MENACE TO HOSPITAL HEALTH  
Preoperative preparation • Scrub-up • Surgical dressings • Wound irrigation • Sterile  
storage of instruments • Furniture, wall, and general sickroom disinfection • Laundry

Zephiran chloride, brand of benzalkonium chloride refined (to ensure quality). WINTHROP LABORATORIES, NEW YORK 18, N. Y.

## FOOD AND FOOD SERVICE

Conducted by Mary P. Huddleson



Swiss steak with vegetable sauce is a favorite meat recipe that can be prepared readily by braising.

## Braising Makes the Most of Low-Cost Meats

**Doris Zumsteg**

*Teaneck, N.J.*

**B**RAISING, also called fricasseeing or pot roasting, means cooking meat (or fish or vegetables) in moist heat, in a covered pan at a temperature just below boiling. Cooking may be on the range top or in the oven.

Why braise meat? Less tender cuts or meat that is not aged long enough can be rendered tender and juicy. Cheaper cuts can be braised for a wider menu variety of less costly items with less labor, handling and watching during the cooking period.

Braising in just sufficient liquid with proper seasoning results in a good concentrated broth for gravy or sauce. (If meat is quite fat the broth should be thoroughly chilled and the fat removed before using.)

Certain cuts of veal and pork, though tender, are better if they are braised because other cooking methods tend to dry them out before they are done. (Continued on Page 122)

**Time Table for Braising Meat**

Cut	Average Weight or Thickness	Approximate Cooking Time
Pot roast	3 to 5 pounds	3 to 4 hours
Pot roast	5 to 15 pounds	3 to 5 hours
Swiss steak	1 to 2 1/2 inches	2 to 3 hours
Round steak or flank steak	1/2 inch (pounded)	45 minutes to 1 hour
Stuffed steak	1/2 to 3/4 inch	1 1/2 hours
Short ribs	Pieces 2 x 2 x 2 inches	1 1/2 to 2 hours
Fricassee	1 to 2 inch pieces	2 to 3 hours
Beef birds	1/2 x 2 x 4 inches	1 1/2 to 2 hours
Stuffed lamb breast	2 to 3 pounds	1 1/2 to 2 hours
Rolled lamb breast	1 1/2 to 2 pounds	1 1/2 to 2 hours
Lamb shanks	1/2 pound each	1 to 1 1/2 hours
Lamb neck slices	1/2 to 3/4 inch	1 to 1 1/2 hours
Lamb riblets	3/4 x 2 1/2 x 3 inches	2 to 2 1/2 hours
Pork chops or steaks	3/4 to 1 inch	45 minutes to 1 hour
Spareribs	2 to 3 pounds	1 1/2 hours
Stuffed veal breast	3 to 4 pounds	1 1/2 to 2 hours
Rolled veal breast	2 to 3 pounds	2 to 3 hours
Veal cutlets	1/2 x 3 x 5 1/2 inches	45 minutes to 1 hour
Veal steaks or chops	1/2 to 3/4 inch	45 minutes to 1 hour
Veal birds	1/2 x 2 x 4 inches	45 minutes to 1 hour



*Finest coffee from many lands  
custom blended by Sexton*

Serving Sexton custom blended coffee is a sure way to make your food service known far and wide. Packed in flavor sealed packages, in sizes designed for all coffee services.



JOHN SEXTON & CO., CHICAGO  
LONG ISLAND CITY • SAN FRANCISCO  
PHILADELPHIA • BOSTON  
PITTSBURGH • DALLAS • ATLANTA  
DETROIT • INDIANAPOLIS



Braising renders older fowl more tender and moist. This method is suitable to use instead of stewing older chicken.



Prefabricated steaks and meats which tend to dry out in cooking are juicier and therefore more attractive braised.

(Continued From Page 120)

The National Livestock and Meat Board has supplied the following list of cuts suitable for braising and information on how to cook them.

**Beef:** chuck (all cuts), brisket, plate, flank, neck, outside (bottom) round, heel of round, rump butt, shank, short ribs, skirt steak, ox tails (joints).

**Lamb:** breast, neck, shank, shoulder.

**Pork:** chops (loin, rib, shoulder), feet, hocks, spareribs, fresh ham steaks, tenderloin.

**Veal:** breast, chops (loin, rib, shoulder), cutlets (leg), neck, shoulder, shank.

**Variety Meats:** heart (all kinds) liver (beef, pork), kidneys, tripe.

**Poultry:** cutup turkey, stewing chicken.

Frozen portion ready steaks are moister and taste richer when "country fried" or braised. They should be fried lightly, then braised in a well seasoned gravy, and cooked only until done.

This is the way to braise meat:

1. Season with salt, pepper, monosodium glutamate, and any other desired seasoning such as oregano or paprika, marjoram for lamb or beef, garlic and bayleaf for pot roast. Dredge with flour, if desired. If the meat is dredged with flour, it saves time to add salt, pepper and monosodium glutamate to the flour and keep a supply on hand. Allow one-

fourth cup salt, one teaspoon pepper and one tablespoon monosodium glutamate to three cups flour.

2. Brown meat on all sides in a small amount of fat. If the meat is not dredged in flour it may be browned in its own fat.

3. Add a small amount of liquid.

4. Cover with close fitting lid.

5. Cook until tender or until meat thermometer registers 185° to 195° F.

6. Remove meat, drain fat from drippings, and make gravy.

Liquids that can be used for braising include: water, meat stock, canned broth, tomato juice, cranberry juice, milk, orange juice, lemon juice, and lime juice. Sour cream is delicious with braised meat, but should be added five minutes before the end of the cooking time.

#### Helps Reduce Shrinkage

Tenderizer is said to reduce the shrinkage that cuts down the profit margin of many meat dishes. It reduces cooking time and saves fuel expense. Tenderized meat is also said to retain more natural juices, flavor and food value.

Tenderizer acts faster at room temperature. It is slowed down by refrigeration at 40°F. and stops at cooking temperatures. In general, allow 4½ ounces for 50 pounds of meat. Use 3½ ounces for 20 pounds of chopped or ground meat.

Soup bases and bottled gravy boost-

ers improve flavor and color of the gravy.

Spices can give character to braised meats. Among those often used are garlic salt or powder, mace, marjoram, basil, mustard, onion salt or flakes, oregano, paprika, rosemary, sage and thyme. They should be used sparingly at first until reliable recipes are followed.

Vinegar used in "sweet-and-sour" meats and sauerbraten lends an entirely different flavor and helps make meat tender.

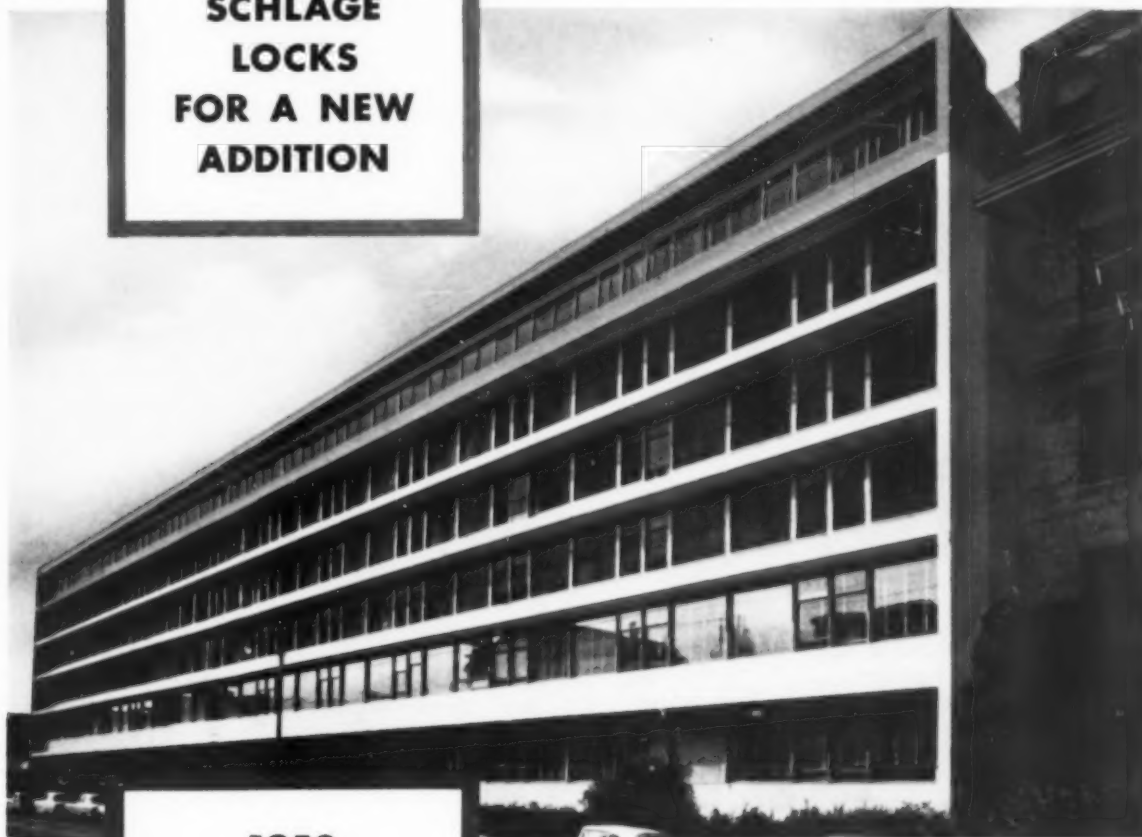
Barbecue sauce, the home made or commercial product, can be used as the liquid for braising spare ribs, short ribs, pork, meat balls, and so forth.

Vegetables that are commonly braised with meat include: cabbage, chard, celery, leeks, scallions, onions, snap beans, peas, egg plant, thin-skinned squash, and okra.

Overcooking of vegetables should be avoided. In general, they should not be put in with the meat when it begins to cook but added later when the meat is partially cooked so that the meat and vegetables are just done together. Monosodium glutamate should be shaken over the vegetables when they are added to the meat. Adding the vegetables after the meat is partially cooked reduces shrinkage, holds color of the vegetables, keeps maximum flavor of meat, vegetables and broth, and renders the finished dish more attractive. ■

**1949  
SCHLAGE  
LOCKS  
FOR A NEW  
ADDITION**

*Mt Zion Hospital, San Francisco*



**1958  
SCHLAGE  
LOCKS  
FOR A NEW  
FLOOR**



(SATURN KNOB DESIGN)



After a century of service, Mt. Zion Hospital relieved overcrowding by adding a modern addition in 1949. Schlage Locks were selected for this new building.

Now, ten years later, Schlage Locks have been installed in still another addition—a new sixth floor, completed in 1958. The on-the-job service of Schlage Locks for a decade was their own recommendation.

Schlage provides many specialized features like pushbutton locking, panic-proof operation, extra knob clearance to facilitate cleaning, finishes that resist corrosive vapors and strong cleaners—and many more.

For your new building, addition or remodeling, specify Schlage. For more information contact your Schlage representative or write Schlage Lock Company, P.O. Box 3324, San Francisco 19, California.

**SCHLAGE**

CYLINDRICAL LOCKS

SCHLAGE LOCK COMPANY... San Francisco... New York... Vancouver, B. C.

**AMERICA'S MOST DISTINGUISHED LOCK BRAND**



# ***We Can Build Efficiency Into the Kitchen***

***The expenditure of a little thought and foresight  
in planning the food service areas will be rewarded by  
the saving in money and manpower in daily operation***

**Elizabeth Miller**

**I**N THE July issue of this magazine I offered some suggestions for the dietitian and administrator to keep in mind in planning space in new or remodeled hospital food service departments.\* In this article, I would like to present some further reminders primarily concerning equipment to be installed in the kitchen and some recommendations for planning related food service facilities.

**Vegetable Preparation Unit.** Most kitchens will need a potato peeler. The size of the machine depends on the job it has to do. Keep in mind that the machine does not have to peel all the potatoes in 15 minutes. Sinks can be used for washing potatoes.

A vegetable cutter for French fried potatoes, celery and so forth belongs in this unit. The whole vegetable preparation unit can be a section of the potwashing unit in smaller institutions.

## **Consider Buying Methods**

**Meat Cutting Unit.** The method of meat refrigeration will depend on whether the hospital buys carcass meat or all prefabricated cuts. The unit will definitely need a meat slicing machine and possibly a hamburger pattie machine. A butcher block, electric meat grinder, and a weighing scale are other necessities.

**Baking.** Plan a separate unit for

baking in the kitchen. An average 350 bed hospital can provide "home" baked goods with little extra equipment other than a tier oven, a small kettle, worktable, small refrigerator, and a sink.

**Cooking Unit.** Steam kettles should not be too big. It is better to use an extra one or have several smaller ones. Many dietitians are inclined to ask for more steamers than are needed. Here again, it is better to plan for a few small ones at advantageous points.

Place floor mixing machines near the units where they are to be used. Plan to cook in the same pans from which food will be served.

**Ice Cream Unit.** Is the hospital making its own ice cream or buying it? There are advantages on each side. If you are making it, be sure to have a hardening cabinet as well as serving cabinets. For sanitary reasons it is best to have the ice cream making unit in an area removed from the regular cooking section. Ice making machines should also be removed from the kitchen area.

**Deep Freeze.** Do you need one for meats and another for frozen fruits and vegetables? Plan for one cubic foot of freezer space for 35 pounds of frozen food. It is predicted that in the future freezers will be planned with prefabrication and proportioning in mind.

**Dishwashing.** In determining the type of machine needed, give serious consideration to the tray conveyor

system. It is important to plan steam and plumbing lines that are large enough for the work to be done. Can you be sure of a temperature of 180° F. in the rinse water at all times? It is less expensive to put a "booster" on in the original plumbing rather than later.

## **Plan Finishing Details**

In addition to these equipment considerations, certain features of the construction need special planning for the food service area. They include:

**Floors.** Quarry tile floor is generally accepted for kitchens. It is a mistake to put too much abrasive in quarry tile for the floor except where there is a slope to a drain or a walk. There is certain to be some friction of the abrasive from constant walking on it. This in time will produce minute spaces around the abrasive and allow odors to form. Too much abrasive also spoils the beauty of the floors.

Rubber tile is usually used for dining room and office floors. Terrazzo is recommended for halls and refrigerator floors. A concrete floor does not do justice to a modern kitchen.

**Kitchen Walls.** It doesn't cost too much more in the long run to have tile walls to the ceiling. It makes cleaning easier, saves painting, and is far more sanitary.

**Ceilings.** Whenever possible, it is advisable to use acoustical ceilings. There are many new acoustical ceiling products on the market, so it is

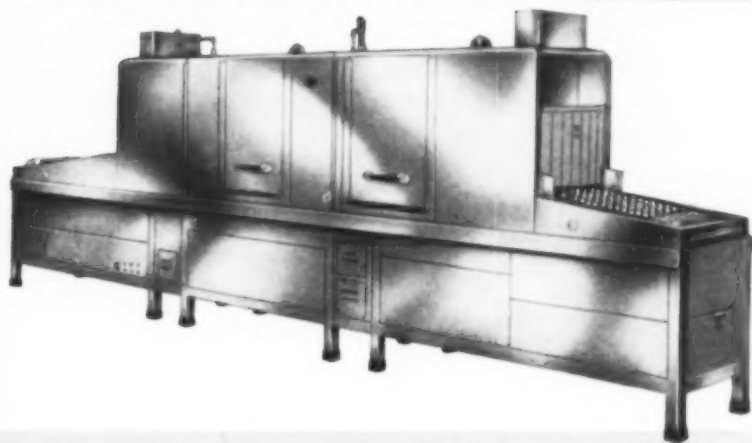
Elizabeth Miller is in charge of the inservice training program at Eastern Pennsylvania Psychiatric Institute, Philadelphia.

\*Miller, Elizabeth: How To Keep Out of Trouble in the Kitchen, Mod. Hosp. 93:110 (July) 1959.

one thing in common...



...their tableware was washed by a Hobart  
Flight-Type dishwasher...standard for volume operations



#### Hobart Flight-Type Dishwashers

Completely automatic power-water-scrapping, power washing and rinsing, with human supervision reduced to a minimum. Dishes are continuously racked in conveyor between nylon tipped, resilient, stainless steel "flight links"—stainless steel specially treated to protect china-ware against markings...side links, rollers and tie rods of stainless steel. Famed Hobart combination jet-powered and revolving wash system insures thorough sanitation. Sizes range from 12 to 26 ft. long, with conveyor speeds from 5 to 12 ft. per minute. Dozens of other exclusive features make it the most advanced dishwasher made.

**Hobart MACHINES**



The World's Oldest and Largest Manufacturer  
of Food, Bakery, Kitchen and Dishwashing Machines

Whether in a restaurant, hotel...cafeteria in an office building, school or hospital, they do have one thing in common! They eat every day, and agree with you on clean tableware. Hobart dishwashers are the unparalleled answer. "Unequaled speed, thoroughness and efficiency" skims over the Hobart flight-type dishwasher story much too fast. For here is every dishwashing service you need built into one amazingly fast machine (many models)—custom-designed to cut costs in volume food operations. Fully automatic, it delivers the lowest possible operating cost, with traditional Hobart dependability.

If your operation is less than large volume, there's a complete line of more than 50 other Hobart dishwashers—one is exactly right for your needs.

Nationwide Service through over 200 Hobart Service Offices...  
the largest network of service in the industry.

The Hobart Manufacturing Co., Dept. 306, Troy, Ohio

Please send me more information on: ☐ The Hobart flight-type dishwasher, ☐ the complete dishwasher line. ☐ I would like the name of my nearest Hobart dealer.

Institution.....

My name.....

Address.....

City.....Zone.....State.....

important to study them before deciding which is best for a particular area.

**Ventilators and Exhausts.** Plan for a good ventilating system. Have odors carried from the kitchen. There must be 20 air changes per hour in order to prevent odors. The system may be hoods covering ranges and kettles, or it may be one of the newer systems for use when hoods are omitted. Give special consideration to ventilating systems to be installed in the dishwashing unit and the cafeteria.

In addition to the kitchen itself,

other areas of the food service department are sometimes overlooked in planning.

**Dining Room.** Plan for color somewhere in the dining room. Use square tables to permit more flexible arrangements. Chairs should be comfortable and strong. Remember that men are likely to balance on the back legs of the chairs.

Plan for water coolers at convenient locations.

**Cafeteria Service.** Consider using a glass fiber partition to cut the view of the service line from the direct view

of those eating. This also makes the cafeteria dining room more adaptable to waitress service, banquets and other special purposes.

Place griddles as close to serving lines as possible. Be sure it is easy to clean in back of them.

Use the kind of toasters that are best suited to the service you offer. Do you have a continuous flow of customers or is it a spasmodic one that can best be served by several smaller toasters? The answer will determine the kind you install.

Be sure to have sufficient dish space for those dishes required to serve your meals. Vertical tray conveyors are invaluable for tray service.

Provide cold counters for both salads and desserts. The ice cream cabinet is not adaptable to other cold desserts.

Remember to provide facilities for running water somewhere in the cafeteria section.

Even if you are not presently planning to have a cashier, allow space for one. The time may come, as it often does, when you will be glad you anticipated this need.

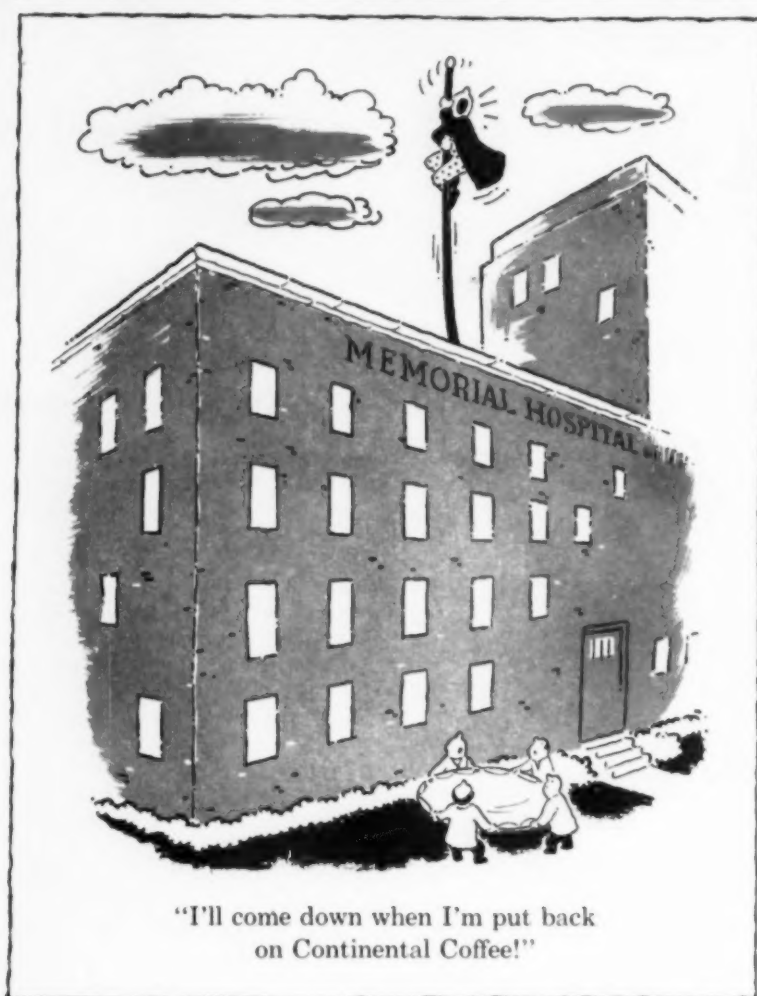
**Offices.** Plan a good sized closet in the dietitian's office. It is also a good idea to have another closet somewhere for use as a supply closet. Built-in bookshelves are convenient and settle the question of purchasing bookcases. Be sure to have an outside light for all offices.

**Storage Space.** Food storage space must be planned where it can be well ventilated. Provide space for storing a reserve supply of pots, pans and dishes. You may not need much space for linen, but space must be provided for both clean and soiled linens. Be sure you can keep an accurate count of linens both going in and coming back.

**Mop Rooms.** Provide several storage places for cleaning supplies and for mop washing and drying. Be sure to plan a place convenient to hang mops by the head to dry.

**Locker Rooms and Toilets.** Requirements for these are generally covered by health laws. Be careful the rooms are not in some remote corner to avoid losing employees for long periods of time.

Attention to details, such as those discussed here, in planning food service equipment and related areas can make the food service department a more convenient and productive place to work. ■



"I'll come down when I'm put back  
on Continental Coffee!"

Write for free trial package



*Continental Coffee*

AMERICA'S LEADING COFFEE  
for Restaurants, Hotels and Institutions  
CHICAGO • BROOKLYN • TOLEDO • SEATTLE

# Libbey Esquire Tumblers offer 4 Big Advantages...

**1** "Safedge" glass is guaranteed: "A new glass if the rim of a Libbey 'Safedge' glass ever chips!"



**2** Curved side wall design bulges slightly near top, protects rim if glass is turned over.



**3** Heavy base, handsome mannish design, make Esquire glasses easy to hold.



**4** Esquire Tumblers are available plain or fluted in a complete range of eight sizes.



The attractive shape of Esquire Tumblers adds a distinctive touch to beverage service, and every glass can be decorated with your emblem or motif for added prestige. Esquire assures operating economy, too, because of its amazing durability.

Libbey is the exclusive choice of leading restaurants because it combines customer-pleasing beauty with management-pleasing durability and economy.

For full information on Esquire and all the other economical Libbey patterns, see your Libbey Supply Dealer, or write to Libbey Glass, Division of Owens-Illinois, Toledo 1, Ohio.



Collins  
No. 42770, 12-oz.  
(Old No. 259)



Collins  
No. 42730, 11-oz.  
(Old No. 226)



Hi-Ball  
No. 42620, 9-oz.  
(Old No. 225)



Hi-Ball  
No. 42570, 8-oz.  
(Old No. 232)



Split  
No. 42500, 7-oz.  
(Old No. 223)



Solrzer  
No. 42450, 6-oz.  
(Old No. 251)



Side Water  
No. 42380, 5-oz.  
(Old No. 249)



New Fashioned  
No. 42490, 7-oz.  
(Old No. 227)

Can be crested with your own crest, trademark, or slogan for added distinction.

LIBBEY SAFEDGE GLASSWARE  
AN **①** PRODUCT

OWENS-ILLINOIS  
GENERAL OFFICES • TOLEDO 1, OHIO



## FOOD FOR THOUGHT

### How To Give Fine Glassware Special Care

The fine glassware that comes out for holiday entertaining needs special care if it is to make a sparkling clear appearance and survive the holidays without damage.

Here are suggestions from household equipment specialists of the U. S. Department of Agriculture:

Handle each glass item separately to avoid knocks. Picking up two or three tumblers with the fingers of one hand, loading glass into the dish machine, or stacking tumblers may save time but prove costly in chips, breakage and scratches.

Place ice cubes gently in glasses instead of dropping them in.

Glass that has held milk, egg nog or ice cream needs a cool water rinse before going into warm water. Set each glass gently into dishwater and rinsewater instead of pouring water over, especially if water is very hot, to save cracking from a too sudden change in temperature.

Glass washed in a dishwasher need not be wiped. But it will come out clear only if dishes washed with it are well scraped or rinsed in advance, if water is hot, and the right amount of the proper detergent is used. Follow directions that come with the dishwasher.

Finally, save breakage by storing glasses, rims down and single file, on shelves just wide enough to hold them safe.

### Alternates for Potatoes

If potatoes are temporarily in short supply on your market, there are plenty of other foods to serve with the main dish and give variety to the menu, the U. S. Department of Agriculture suggests. Among the vegetables, there are beans and corn, for example. Beans and meat are a famous team and dry beans are plentiful and a thrifty buy, especially Navy or pea beans, baby limas and pintos.

Many cereal foods make good company for meat, for example, cooked hominy or grits with chicken or ham. Other favorite teams are: noodles or rice with chicken or meat; creamed chicken with biscuits or waffles; chicken with dumplings; macaroni scalloped with meat or cheese; spaghetti and meat balls with spicy tomato sauce. Some cooks serve tender boiled barley with lamb stew.

Pinch-hitters for potatoes also may be the many different hearty stuffings for poultry, fish or such meats as boned lamb shoulder.

### Give Eggs a Beating

Well beaten egg whites give lightness to omelets, souffles, meringues, popovers and angel and sponge cakes. But they must be properly beaten for good results. The U. S. Department of Agriculture advises that properly beaten egg whites form peaks at the surface and fold over, ever so slightly, when the beaters are removed. Any fat on beaters or bowl, egg yolk, or too much heat may cause egg whites to fail to beat properly. Underbeaten eggs will produce coarse and uneven textures. ■

# FREE!

4-oz. bottle of  
**KITCHEN BOUQUET**  
with Set Of 12 NEW  
**RECIPE CARDS**  
for **MAKING GRAVY**  
and for **De Luxe**  
**MEAT COOKERY**  
yielding  
**MORE SERVINGS PER POUND!**



### All This New Recipe Help—Kitchen Tested!

- How to get that charcoal-broiled effect!
- How to Brown Meats, Poultry, Fish without high temperatures that cause shrinkage!
- Easy Way to Make Rich Brown Gravy . . . Onion Soup . . . Gumbo . . . Savory Sauces!
- Practical new recipes for Tastier, Economical Meat Plates and Sea Food Specialties!

All recipes Kitchen Tested for 48 servings . . . Printed in Easy-Reading Form on sturdy 6 x 4-inch cards . . . Bound, tablet form, and perforated for easy tear-off.

#### HERE'S ALL YOU DO:

Just drop a post card to: Kitchen Bouquet, Grocery Store Products Co., Dept G12M, West Chester, Pa., requesting your free 4-oz. bottle of Kitchen Bouquet with Set of Twelve Quantity Recipe Cards. Please print your name and address plainly.

## Your Kitchen Will Gain Fame . . . You'll Save Money . . . on Meat Cookery with Kitchen Bouquet

Brush steaks, chops, hamburgers, fish and poultry with Kitchen Bouquet before cooking for a crisp, broiled crust that helps seal in savory juices and flavor and gives meats that charcoal-broiled effect. Brush roasts with Kitchen Bouquet for more eye appeal, more flavor. At moderate roasting temperatures cook meat more

evenly and help avoid wasteful shrinkage. Add Kitchen Bouquet to gravies, sauces, soups and combination dishes for richer, more appetizing brown color, more satisfying flavor.

Use free 4-oz. bottle to make your own tests. You'll never again be without Kitchen Bouquet—available in pints, quarts and gallons.

### THESE ARE VALUABLE MENU HELPS, TOO!



**B in B**  
Broiled in Butter  
Mushrooms  
3 Styles  
Whole Crowns—  
Sliced—Chopped



**CREAM OF RICE**

Now—1/2 Minute  
Cooking Time—  
10 Times Faster!  
New, Easy-Pouring  
Spout!



# Handy COIN CHANGERS . . . a new convenience for hospital employees and visitors



Wherever there are vending machines and pay telephones . . . in waiting rooms, employee's eating or recreational facilities . . . handy STANDARD CHANGE-MAKERS mean new convenience for both employees and visitors.

**STANDARD CHANGE-MAKERS, INC.**  
422 East New York Street • Indianapolis 2, Indiana

*World's largest manufacturer of separate 5¢, 10¢, 25¢ and 50¢ coin changers. District offices in 17 major cities throughout the United States.*

They save time and money at your desk, too.

There's a STANDARD CHANGE-MAKER for every need . . . for 5¢, 10¢, 25¢ and 50¢ coins, dispensing various combinations of coins. Manual or electric. Write for full information today.



# Menus for January 1960

**Sister Mary Louise and Veda A. Bailey**

Director, Dietary Department and Therapeutic Dietitian  
St. Mary's Mercy Hospital  
Fort Smith, Ark.

<p><b>1</b></p> <p>Ruby Grapefruit Sections Scrambled Eggs, Bacon</p> <p>Baked Hen, Dressing Giblet Gravy Baked Sweet Potatoes Harvard Beets Lettuce Wedge, Dressing Apple Pie à la Mode</p> <p>Blackeyed Peas, Hog Jowls Buttered Carrots Cottage Cheese-Nut Salad Sour Red Pitted Cherries Doughnuts</p>	<p><b>2</b></p> <p>Hot Cakes, Sirup Sausage Patties</p> <p>Roast Beef Browned Potatoes Buttered Green Beans Combination Salad Molded Fruit Gelatin</p> <p>Minestrone Bacon and Tomato Sandwich Pork and Beans Coleslaw Double Deck Brownies</p>	<p><b>3</b></p> <p>Orange Juice Sweet Roll</p> <p>Fried Chicken, Gravy Whipped Potatoes Buttered Green Peas Sliced Tomato Salad Butterscotch Ice Cream Cookies</p> <p>Ham Sandwiches Cottage Cheese Center Coconut Cake</p>	<p><b>4</b></p> <p>Royal Ann Cherries Poached Egg</p> <p>Meat Loaf, Gravy Whole Kernel Corn Cauliflower With Cheese Orange-Stuffed Prune Salad Grapenut Pudding</p> <p>Pan Fried Cubed Steak Buttered Lima Beans Cooked Cabbage Pineapple-Grated Cheese Salad Pears and Cookies</p>	<p><b>5</b></p> <p>Canadian Bacon Hot Biscuits, Honey</p> <p>Spareribs, Noodles Buttered Mixed Greens Buttered Wax Beans Waldorf Salad Maple Nut Mold</p> <p>Onion Soup Cold Cuts Buttered Beets Potato Salad Spiced Peaches in Lemon Gelatin</p>	<p><b>6</b></p> <p>Stewed Rhubarb Cinnamon Rolls</p> <p>Fried Liver, Bacon Hominy Grits Parslied Carrots Tossed Salad Gooseberry Pie</p> <p>Macaroni With Tomatoes and Grated Cheese Buttered Asparagus Stuffed Celery and Radish Rose Salad Fresh Apple</p>
<p><b>7</b></p> <p>Orange Slices French Toast, Sirup</p> <p>Cheeseburgers Cottage Fried Potatoes Turnips Mashed in Cream Sliced Tomato Salad Pineapple Upside-down Cake</p> <p>Creamed Mushroom Soup Canadian Bacon Baked Potato Buttered Broccoli Kidney Bean Salad Lime Sherbet, Cookies</p>	<p><b>8</b></p> <p>Pineapple Juice Soft Cooked Egg</p> <p>Broiled Salmon Steak Buttered Rice Buttered Hominy Lettuce Wedge With Egg Garnish Hot Gingerbread</p> <p>Cream Celery Soup Escalloped Tuna Buttered Zucchini Grapefruit-Avocado Salad Royal Ann Cherries, Cookies</p>	<p><b>9</b></p> <p>Chilled Sliced Peaches Sausage Links</p> <p>Brunswick Stew Buttered Hominy Harvard Beets Coleslaw With Apples Cherry Upside-down Cake</p> <p>Chicken Noodle Soup Ham Hocks, Navy Beans Buttered Cauliflower Combination Salad Baked Pears</p>	<p><b>10</b></p> <p>Scrambled Egg Sweet Roll</p> <p>Swiss Steak Candied Sweet Potatoes Buttered Green Peas Sliced Tomato Salad Chocolate Ice Cream</p> <p>Cream of Potato Soup Pimiento Cheese Sandwich Ham Salad Sandwich Corn Chips Orange-Coconut Salad Devils Food Cake</p>	<p><b>11</b></p> <p>Chilled Pears Poached Egg</p> <p>Barbecued Short Ribs Corn O'Brien Baked Acorn Squash Pineapple-Grated Cheese Salad Butterscotch Pie</p> <p>Beef Rice Soup Cold Roast Pork Cold Canned Tomatoes Hominy Grits Grated Carrot-Raisin- Nut Salad Baked Apple</p>	<p><b>12</b></p> <p>Tangerines Fried Salt Pork</p> <p>Baked Ham, Beans Cubed Celery in Cream Mexican Coleslaw Strawberry Shortcake</p> <p>Vegetable Soup Creamed Chicken Hot Spiced Beets Baked Potatoes Chef's Salad Boysenberry Cobbler</p>
<p><b>13</b></p> <p>Orange Juice Bacon Curls</p> <p>Roast Beef Browned Potatoes Escalloped Tomatoes Shredded Lettuce, Carrot and Celery Sticks, Radishes Bread Pudding</p> <p>Creamed Asparagus Soup Escalloped Noodles, Ham Buttered Spinach Banana Nut Salad Blue Plums, Cookies</p>	<p><b>14</b></p> <p>Pineapple Chunks Pancakes, Sirup</p> <p>Sausage Patties, Gravy Cottage Fried Potatoes Buttered Broccoli Adirondack Salad Oatmeal Cookies</p> <p>Chicken Rice Soup Broiled Ham Slice Buttered Squash Mixed Fruit Salad Chocolate Pudding</p>	<p><b>15</b></p> <p>Nectarines Scrambled Eggs</p> <p>Fried Halibut Parslied Potatoes Buttered Green Beans Pickled Beet-Onion Salad Ring Tapioca Cream</p> <p>Creamed Celery Soup Cheese Fondue Buttered Green Beans Tuna Salad Apricots Ginger Cookies</p>	<p><b>16</b></p> <p>Grapefruit Juice Poached Egg</p> <p>Oven Broiled Pork Chop Whole Kernel Corn Seasoned Mixed Greens Perfection Salad Caketop Lemon Pudding</p> <p>Bacon and Tomato Sandwich Baked Beans Combination Salad Soft Custard With Sliced Peaches and Coconut</p>	<p><b>17</b></p> <p>Sliced Bananas Fried Egg</p> <p>Baked Turkey, Dressing Giblet Gravy Carrots à la Bechamel Whipped Potatoes Chef's Salad Vanilla Ice Cream</p> <p>Creamed Tomato Soup Cold Plate (Cold Cuts, Potato Salad, Deviled Eggs, Celery, Pickles) Frozen Strawberries Cookies</p>	<p><b>18</b></p> <p>Stewed Apricots, Prunes Sausage Patties</p> <p>Country Fried Steak Baked Squash Breaded Tomatoes Orange-Nut Salad Lacy Top Spice Cake</p> <p>Cream Mushroom Soup Stuffed Peppers Broccoli Spears Cottage Cheese and Pineapple Salad Caramel Bavarian Cream</p>
<p><b>19</b></p> <p>Mandarin Oranges Blueberry Muffins</p> <p>Turkey Maryland Buttered Sliced Turnips Green Beans Sliced Tomato Salad Apple Roll, Cream</p> <p>Frankfurters in Buns French Fried Potatoes Buttered Asparagus Sliced Lettuce Salad Brownie Pudding</p>	<p><b>20</b></p> <p>Pineapple Juice Soft Cooked Egg</p> <p>Spareribs Polish Kraut Whipped Potatoes Under-the-Sea Salad Ambrosia</p> <p>Baked Hash Buttered Lima Beans Buttered Carrots Sliced Cucumbers and Celery Sticks Chilled Nectar Peaches Graham Cracker Sandwiches</p>	<p><b>21</b></p> <p>Canned Pear Half Fried Mush, Sirup</p> <p>Chop Suet Buttered Rice Brussels Sprouts Banana Crunch Salad Pumpkin Pie</p> <p>Vegetable Beef Soup Hot Beef Sandwich Mexican Corn Tossed Salad Pear Upside-down Gingerbread</p>	<p><b>22</b></p> <p>Royal Ann Cherries Fried Egg</p> <p>Fried Haddock Diced Potatoes and Peas in Cream Buttered Whole Carrots Coleslaw Pineapple Sherbet</p> <p>Cream of Potato Soup Macaroni With Cheese Zucchini With Spanish Sauce Shrimp Salad Peach Cobbler</p>	<p><b>23</b></p> <p>Grapefruit Juice Scrambled Eggs</p> <p>Roast Leg of Lamb Fried Eggplant Buttered Rice Watercress Salad Raw Cranberry, Apple and Nut Dessert</p> <p>Turkey Noodle Soup Veal Birds Buttered Hominy Grits Stewed Tomatoes Sliced Lettuce, Dressing Spanish Cream</p>	<p><b>24</b></p> <p>Sausage Links Hot Cakes, Sirup</p> <p>Fried Chicken, Gravy Sweet Potatoes Buttered Broccoli Stuffed Celery and Orange Slice Salad Strawberry Ice Cream</p> <p>Tomato Bouillon Swiss Cheese on Rye Ham Salad Sandwich Potato Salad Angelfood Cake Frozen Boysenberries</p>
<p><b>25</b></p> <p>Stewed Prunes Bacon Curls</p> <p>Brown Stew Baked Potatoes Cauliflower, Cheese Tossed Salad Frozen Peaches, Cupcake</p> <p>Onion Soup Roast Beef Mixed Vegetables Hubbard Squash Sliced Tomato Salad Apricots, Cookies</p>	<p><b>26</b></p> <p>Pineapple Juice Soft Cooked Egg</p> <p>Stuffed Round Steak Buttered Carrot Coins Cream Style Corn Raisin Coleslaw Pear Snow Custard</p> <p>Broiled Canadian Bacon Baked Sweet Potato Mixed Fruit-Marsh- mallow Salad Caramel Custard</p>	<p><b>27</b></p> <p>Half Grapefruit Poached Egg</p> <p>Roast Pork, Gravy Spiced Apple Rings Mashed Potatoes Buttered Green Beans Cottage Cheese- Pineapple Salad Spice Cake</p> <p>Vegetable Soup Broiled Chicken Livers Baked Potato Buttered Spinach Chef's Salad Pineapple Sherbet</p>	<p><b>28</b></p> <p>Applesauce Sausage Patties</p> <p>Ham Hocks, Navy Beans Cold Canned Tomatoes Sliced Lettuce Salad Cherry Pie à la Mode</p> <p>Cream Mushroom Soup Broiled Cube Steak Whole Kernel Corn Buttered Asparagus Grated Carrot, Apple, Raisin, Nut Salad Cherry Upside-down Cake</p>	<p><b>29</b></p> <p>Blended Juice Fritters and Sirup</p> <p>French Fried Codfish Parslied Potatoes Buttered Peas Stuffed Prune-Orange Salad Strawberry Chiffon Pie</p> <p>Oyster Stew Macaroni With Stewed Tomatoes and Cheese Buttered Mixed Greens Salmon Salad Ambrosia</p>	<p><b>30</b></p> <p>Chilled Canned Pears Scrambled Eggs</p> <p>Baked Pork Chops Sauerkraut Cottage Fried Potatoes Potato Salad Waldorf Salad Raisin Rice Pudding</p> <p>Navy Bean Soup Spoon Burger on Bun Buttered Cauliflower Deviled Egg on Lettuce With Candied Pickle Hot Iced Gingerbread</p>
<p><b>31</b> Orange Juice, Fried Bacon • Stewed Hen, Dumplings, Candied Yams, Buttered Green Beans, Relish Plate, Raspberry Revel, Cookies • Creamed Potato Soup, Sausage Patties, Gravy, Hot Applesauce, Buttered Rice, Broccoli, Fruit Gelatin Ready-to-eat or cooked cereal served on all breakfast menus.</p>					



"See"  
the  
flavor...

#### VISIBLE PROOF

Twisting peel of lemon or lime produces volatile mist — 7-Up's natural essence — which candle flame ignites. Here is proof that these volatile oils are found in the peel of these fresh natural fruits.

taste  
the  
quality



Nature hid 7-Up's unique flavor inside the *peel* of fresh lemons and limes. There, in minute quantities, a fragrant essence is produced. It is this essence which penetrates the "meat" of citrus fruits—gives them their clean, tangy taste.

Twist a peel near a candle flame. The barely visible mist bursts into light. You "see" the same natural fruit essence which 7-Up extracts using special equipment. From this, 7-Up refines and selects only a tiny fraction—the very best—to make its flavor concentrate.

To produce 1 ounce of concentrated 7-Up flavor, the peel of *hundreds* of fresh lemons and limes is used. Truly, 7-Up is Nature's own gift . . . a pure, wholesome, natural flavor—quality you can taste . . . quality you can trust.

Nothing does it  
like Seven-Up!

## MAINTENANCE AND OPERATION

# ***This Heating System Can Cut Heating Cost***

***While not the answer to every hospital's heat transmission problem, high temperature hot water in many situations may afford economies in capital outlay, fuel consumption, and maintenance costs, an engineering consultant concludes***

**W. J. Van Meter**

**H**IGH temperature hot water can serve a hospital well and is a flexible medium for the distribution of heat energy in a hospital because it is adaptable to numerous situations. The first section of this article, presented last month in this department, described the operation of such an H.T.H.W. system and discussed how it might be used for complete service or for partial service from which future expansion is planned.

Interesting as these applications of this medium may be, there must be other reasons beyond those of novelty and workability to warrant H.T.H.W. being considered as an alternative to steam, which has been so long tried and proved.

The reasons H.T.H.W. does merit careful consideration in hospital planning can be summed up in just one short statement. H.T.H.W. offers superior reliability and economy in many situations.

The economies afforded by H.T.H.W. appear in three areas. They are in: (1) initial capital costs, (2) fuel consumption, and (3) maintenance costs. Improved reliability is coincidental with reduced maintenance costs, for with the reduced demand for maintenance work on the heat distribution system there is less interruption of vital hospital services.

The absence of traps, pressure re-

ducing valves, and similar adjuncts commonly associated with heat distribution systems, which are often among the most troublesome units from the maintenance standpoint, is one of the major reasons the engineer has fewer maintenance problems with the H.T.H.W. system. Down time of boilers for water side cleaning is reduced in the H.T.H.W. plant as there is only a negligible amount of makeup feed introduced into the boiler, where with the steam system makeup may run as high as 35 per cent.

There are several reasons capital costs of the heating plant may be lower when H.T.H.W. is used. Smaller boilers will be adequate for hospital service. The "flywheel" effect of the heat energy in the mass of water contained in the primary system means that there is always a certain amount of heat energy released from the fuel and standing ready to supply peak demands. The magnitude of this "flywheel" effect depends on the size and length of the primary loop. It is interesting to note that the heat contained in one cubic foot of H.T.H.W. at 371° F. is 18,830 Btu. A cubic foot of saturated steam at this temperature contains 461 Btu. In going through the normal temperature drop experienced in the H.T.H.W. loop, the 371° F. H.T.H.W. will give up approximately 19 times as many Btu. as will an equal volume of saturated steam when condensing. This accounts for the relatively great storage effect of the H.T.H.W. system. With such a re-

serve of released heat available more even firing of the boilers will follow, and with the reduced demand for sharply accelerated combustion rates to satisfy peak demands boilers and burners can be smaller than those selected for comparable steam systems. Along with boilers, other fireroom investments, including, perhaps, building area itself, can be scaled down without loss of adequate service.

In this connection, it is natural to conclude that the greater the extent of the piping in the primary system, the greater the advantage. This is certainly true, and while it is by no means the only advantage offered by H.T.H.W. it is one feature which tends to make it more and more attractive as the spread of the service increases. The normally usable energy contained in the H.T.H.W. in a mile of six-inch pipe is approximately 5 million Btu. This is equivalent to the nominal output of a 10,000 pound rated boiler for about 30 minutes' steaming time. It can be readily appreciated that having such reserves of released energy constantly available for instant use will smooth out the firing rate, and thus permit the advantages of more even firing.

The fact that the grading of the H.T.H.W. lines is of no particular importance to the functioning of the system is another prime factor in the capital cost economies gained in employing the medium. In laying out the H.T.H.W. loop, terrain contours may be closely followed. Expansion loops,

Mr. Van Meter is a consulting engineer, Santa Fe, N. M.

The first section of this article appeared in the November issue, starting on Page 156.



# A 350° HOT WATER CENTRAL HEATING SYSTEM SERVES THIS INSTITUTION!



**GOLDSBORO TRAINING SCHOOL**  
North Carolina Hospitals Board of Control  
Goldsboro, North Carolina

**AMERICAN HYDROTHERM CORP.**  
Consultants on High Temperature Water Heating  
Long Island City, N. Y.

American Hydrotherm Corporation, designers of the largest high temperature water systems now operating in this country, offers the services of the most experienced engineers in this field. They are available for consultation without obligation.

If you are planning to install a new central heating plant or to revamp your existing installation, it will pay you to investigate the advantages of high temperature water distribution as compared to steam distribution.

Savings over conventional high pressure steam installations range as follows:

Initial Investment .....	10 to 30%
Operation .....	15 to 25%
Maintenance .....	Up to 75%

Additional economy may be realized with high temperature water heat distribution in combination with power production or air conditioning.

Send for Bulletin No. 100



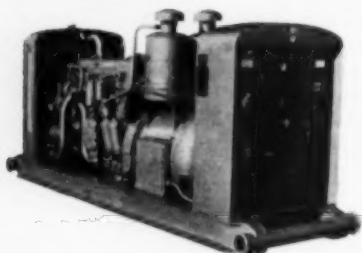
**American Hydrotherm Corp.**

10-55 Jackson Avenue  
Long Island City 1, N. Y.



# GENERATOR SETS FOR CONTINUOUS SERVICE OR STANDBY DUTY

**STEWART & STEVENSON** has more experience in the successful application of more generator sets in more different types of applications than any other distributor of diesel engines in the Nation. A Stewart & Stevenson engineered unit is a guarantee of service satisfaction.



There's one for your hospital

**3 KW to 1000 KW**

•  
**Diesel or gas/butane**

Please write for specifications  
or additional information to

**STEWART & STEVENSON  
SERVICES, INC.**

4516 Harrisburg Blvd.  
Houston 11, Texas  
Phone CApitol 5-5341



laid out in earth with movement restricted to planned locations by use of anchor blocks, are considered preferable to expansion joints. Long runs of welded pipe are practicable. Tile bed and cover, with suitable provisions for drainage and insulation are commonly used for underground runs. Walk-through or crawl tunnels are seldom considered necessary with H.T.H.W. installations. Manholes or other access at high points and low points should be provided for air purging when the system is filled and for draining. Air will not tend to accumulate in the normal use, but it must be removed when the system is charged with water.

Comparisons of costs for transmission piping for steam and H.T.H.W. systems show that H.T.H.W. piping costs about 80 per cent as much as steam piping, exclusive of possible tunnel costs.

In the H.T.H.W. system there are no adjuncts comparable to the traps, reducing valves, and condensate return equipment associated with the steam counterpart.

Operating costs of H.T.H.W. systems can be expected to show from 12 to 20 per cent improvement over costs for steam systems in equivalent service. Even firing contributes heavily to this feature of H.T.H.W. economy. Fuel burned per Btu. available for use is less when firing is more uniform. Boiler life is prolonged when the system is not subjected to the strains associated with widely and rapidly fluctuating rates of firing.

Thermal losses are lower in H.T.H.W. systems. Smaller line sizes, compared with steam systems of equal capacity, are a chief factor in this area of operating costs. The absence of traps and pressure reducing valves, which are often only partially insulated in the interest of ready access, removes another source of heat loss commonly associated with heat distribution systems.

With its closed loop of primary water, the H.T.H.W. system requires virtually no makeup feed to the boilers. Once the initial charge of primary water has been brought up to the required chemical state, water treatment is necessary only at rare intervals. The cost of continuous water treatment is eliminated from plant operating expenses. In this connection, boiler blowdown losses are likewise reduced to a negligible quantity, for frequent blowdown is not necessary or desirable when there is no continuing

introduction of unwanted elements into the boiler through the addition of makeup feed.

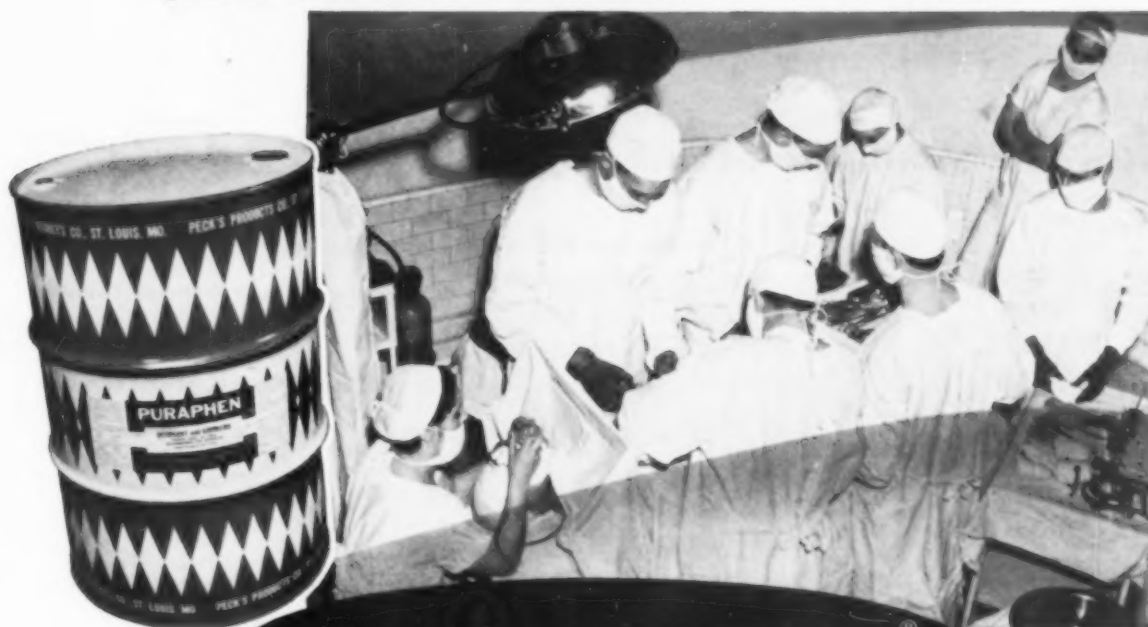
Condensate flash-out losses, losses from blowing traps, and the inevitable flange leaks that characterize the steam system are not present as sources of heat waste with H.T.H.W.

Instrumentation for the H.T.H.W. system differs from that of the steam system, as might be expected. Boiler output in the H.T.H.W. system is a function of the rate of flow through the primary loop and also of the temperature difference between water into and water out of the boiler. Indicating and integrating Btu. meters may be included in the installation which will give rates and totals of boiler output, much as steam flow measuring devices serve in conventional steam systems.

A common question raised in discussions of H.T.H.W. is that of danger to personnel in the case of a ruptured H.T.H.W. line. Just as with steam, a major break in a line will release a vast amount of heat energy which can quickly make a local area untenable. Small leaks present an entirely different picture. Consider a pinhole leak in a hundred pound steam line. Saturated steam escaping from such a leak quickly drops to atmospheric pressure. At the same time it picks up a temperature of about 290 F. A similar leak in a H.T.H.W. line releases water which, while initially at about 340 F., quickly drops to 212 F. as there is not enough energy in the water to flash more than about one-sixth of the leakage into steam at atmospheric pressure. A man can put his hand quite close to the stream blowing from a small valve in a H.T.H.W. line, but he will find it impossible to do this in a similar situation with steam at even a very low pressure. The bottom and top try-cocks of a steam boiler will generally permit one to make a comparison of these two situations.

High temperature hot water is not necessarily the answer for every hospital's heat transmission problem. However, as a vigorous newcomer in the field of institutional service it is, by virtue of proved economy and other attractive features, worthy of every engineer's serious consideration. Full consideration will often show it to be the incontrovertible choice, offering reliable and adequate service with reduced capital investment and lower operating costs. ■

## At last! a balanced cleaner — disinfectant — germicide that really cleans as it disinfects



### Accepted for Hospital Use

Here's a new and potent weapon in the constant fight against infection. **PURAPHEN** keeps floors and other surfaces brighter, cleaner . . . germ-free, too. No other product disinfects as it cleans so easily, so effectively, so economically.



**WHY TAKE CHANCES? GUARD AGAINST INFECTION . . . USE PURAPHEN, THE AMAZING CLEANER THAT'S AN EFFECTIVE GERMICIDE**

**For Full  
Information  
Mail this Coupon**

#### WHAT IS PURAPHEN?

PURAPHEN is a 100 per cent synthetic detergent, fortified with Santophen® to make it germicidal. It is the product of a company that has specialized in the finest quality soaps, detergents and other cleaning materials for more than forty years. PURAPHEN has been thoroughly tested and proved.

#### WHY IS PURAPHEN A SUPERIOR CLEANER?

PURAPHEN is a built detergent; a high sudsing with a pleasant odor. Its balanced blend gives PURAPHEN maximum cleaning efficiency, greatest economy. For example, PURAPHEN removes dirt, grime, dull soap film and old wax from the invisible pores as well as from the surface of any floor. And through emulsification and suspension keeps the dirt from settling back on the floor. Dirt is rinsed away freely, yet PURAPHEN leaves no sticky deposit or dulling film. Approved by Underwriters Laboratories for use on conductive floors.

For the really dirty job there's no cleaner so good as PURAPHEN. It cleans all the way through . . . in all kinds of water, hard or soft; hot or cold.

Puraphen is advertised in Modern Hospital, Hospitals, Hospital Management and Hospital Progress magazines.

#### HOW EFFECTIVE IS PURAPHEN AS A GERMICIDE?

PURAPHEN is a phenolic germicide (phenol coefficient 10 FDA). Use-dilution tests made by Scientific Associates, St. Louis, show that in addition to being deadly to *Staphylococcus aureus* and *Salmonella choleraesuis*, PURAPHEN is equally effective against the following four types of bacteria frequently involved in human infections and disease: *E. coli*, *P. vulgaris*, *Ps aeruginosa* and *S. fecalis*.

#### WHERE SHOULD PURAPHEN BE USED?

PURAPHEN is a truly all-purpose cleaner. It is perfect for floors, woodwork, walls, equipment . . . in fact for any surface that water will not harm.

#### IS PURAPHEN ECONOMICAL?

Definitely, yes. A little bit goes a long way. PURAPHEN not only saves you money . . . it saves time, saves work, saves floors and other surfaces as well. And you have protection against bacterial growth.

Please send me complete technical data about PURAPHEN, including independent laboratory's verifications. Also name of nearest distributor.

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ZONE \_\_\_\_\_ STATE \_\_\_\_\_

### PECK'S PRODUCTS COMPANY

610 E. Clarence  
St. Louis 15, Missouri

\*Monsanto Chemical Company trademark

# HOUSEKEEPING

## Manual of Standard Cleaning Methods:

# How To Remove Stains From Rugs and Carpets

*This section of the manual of cleaning methods, developed by the director of housekeeping services at Alameda County Medical Institutions, presents a guide for the removal of common hospital stains from rugs and carpets and gives a glossary of standard cleaning materials*

Mildred F. O'Donnell

### Rugs and Carpets — General Rules

The following types have poor soil resistance:

- 100% Cotton
- 100% Rayon
- Acetate blends

Nylon, in bright fibers (delustered fibers clean well and are good as far as being soil resistant).

100% solution dyed (when rug is solution dyed the color is sealed in the solution before fiber is extended).

As these compositions are poor to soil resistance they should be treated with a soil resistant containing sodium silicone before being put down, or if wall to wall, immediately after being put down on areas.

It is well to know what blends are resistant to abrasive wear. The good ones are as follows:

- |                              |                     |
|------------------------------|---------------------|
| 100% Wool                    | Dynel               |
| 100% Super rayon             | Verel               |
| 100% Lofted filament acetate | Acrilan             |
| 100% Saran                   | Rayon-nylon blend   |
| 100% Rayon                   | Acetate-rayon blend |

General rules for removing stains:

Stains should be removed when they occur.

Begin removal by starting at outer edges of area and work toward center.

Do not brush or rub vigorously. Do not use starched rags.

If possible apply stain remover directly to stained area with medicine dropper.

### Rugs and Carpets — Formulas for Stain Treatment

#### FORMULA 1.

One teaspoonful of synthetic or "soapless" detergent, such as those used for washing dishes and light laundering, in one-half pint of lukewarm water.

Put the detergent in a jar, mixing bowl or other container. Add the water and stir vigorously until you have obtained a clear, watery solution without any residue.

Mrs. O'Donnell is director of housekeeping services, Alameda County Medical Institutions, Oakland, Calif. This concludes a series of five articles on standard cleaning methods which began in the August issue.

The amount of suds, incidentally, has no bearing on the effectiveness of the formula.

Apply this solution, where recommended, directly on the stain with a medicine dropper. Using a rotary motion, sponge the stained area with a clean white unstarched cloth, beginning at the outer edge and working in. Try to keep inside the stained area at all times, and complete the treatment by lightly sponging in the direction of the pile lay. Finally, with another cloth dampened in clean, lukewarm water, sponge the area again several times.

#### FORMULA 2.

One teaspoonful white vinegar and three teaspoonsful lukewarm water.

Put the vinegar in a teacup or other small container, and add the water to it.

Apply this solution directly to the stained area with a medicine dropper. Using a rotary motion, sponge the saturated area with a clean white unstarched cloth. Allow the solution to remain on the stain for about 15 minutes. Then sponge the stain again with another cloth dampened in clean lukewarm water, and complete the sponging strokes in the direction of the pile lay.

#### FORMULA 3.

One tablespoonful white flour and one teaspoonful fresh whole milk.

Add the milk to the flour to form a thick paste.

Apply the paste directly to the stain, covering it completely, and allow it to remain for two to three hours. Then scrape up the paste with a dull knife or spatula, and sponge the area three or four times with a clean cloth dampened in lukewarm water, completing the sponging with even strokes in the direction of the pile lay.

### Rugs and Carpets — Stains

#### ANIMAL URINE

Sponge the stained areas with several applications of clean, lukewarm water. Use a dry clean unstarched cloth to absorb as much of the moisture as possible. Apply Formula 2 as directed. Allow to dry thoroughly and

# ALL NEW

## CLARKE FLOOR MAINTAINER



FM-17 17" brush diameter,  
¾ h.p. motor. Also 14", 15"  
and 20" sizes.

FM-17 with solution tank.

This new Clarke meets every need — fits the requirements of all types of buildings, all kinds of floors, traffic conditions and hours of usage. It's the result of years of research and it combines all the features everyone has always wanted in a floor machine — for instance:

- First, this new beauty does the complete job — it scrubs, polishes, steel wools, dry buffs, disc sands and grinds — even shampoos rugs and carpets.
- Its exclusive, power packed, totally enclosed motor, designed especially for the new Clarke, drives the brush at rated speed on any 15 amp circuit even when steel wooling wet floor seal or disc sanding.
- It's whisper-quiet — so quiet you'll wonder whether it's really working.

- It's perfectly balanced for easy handling.
- Its low overall height — only 10 $\frac{7}{8}$ " — permits working beneath low furniture and fixtures.

Besides all these, the new Clarke offers such other important features as rugged construction, fully adjustable handle, dual control switch for operation with either or both hands, new electrically controlled solution feed for scrubbing and shampooing. And, the machine does every maintenance job better, faster, at lower cost.

Ask your Clarke distributor to prove it by demonstrating the new Clarke maintainer on your floors. Or, write today and we'll arrange this for you.

**Clarke**  
**FLOOR MACHINE COMPANY**  
Formerly Clarke Sanding Machine Company

Authorized Sales Representatives and Service Branches in Principal Cities Distributed in Canada: G. H. Wood & Co., Ltd., Box 34, Toronto 14, Ont.

**BUY CLARKE — CLEAN WITH CLARKE**  
**THE BEST KNOWN NAME IN FLOOR MACHINES**

**5212 E. Clay Avenue, Muskegon, Michigan**



apply Formula 1. Allow to dry thoroughly. Apply Formula 2 again, followed by several applications of lukewarm water. Finish by sponging in the direction of the pile, then blotting up remaining moisture with dry cloths.

This treatment is effective in a great percentage of cases. Where a color change actually takes place, however, no further treatment can restore the color. A professional rug cleaner, nevertheless, can have the rug redyed if it is a solid color rug, or, if it is a pattern rug, he may be able to improve its appearance by spot-dyeing the affected areas.

#### ALBUMEN and EGG

Apply Formula 1 as directed. Follow by applying Formula 3. If stain remains apply Formula 2.

#### BLOOD

Sponge with cool water. Follow with Formula 1. If a yellowish stain results, apply a few drops of peroxide. Allow to remain two or three minutes. Follow by sponging with clear cool water.

#### BUTTER and FATS

Place a clean white blotter over the stains and move a hot iron over the blotter in regular ironing motion. If all of the stain is not absorbed by the blotter, apply any nonflammable household dry cleaning fluid to it with an eye dropper, and sponge with a clean white unstarched cloth.

#### BEVERAGES (Soft Drinks, Coffee, Tea)

Sponge with a clean white unstarched cloth dampened in lukewarm water. Follow with Formula 1. If this procedure is followed immediately, a satisfactory result should be obtained.

#### BEVERAGES (Alcoholic)

Sponge the area with lukewarm water, using a clean white unstarched cloth. Follow with Formula 1. If any stain remains, sponge with a clean cloth dipped in denatured alcohol.

#### CHEWING GUM

Use a nonflammable household dry cleaning fluid. Apply it liberally on and around the outside of the gum. Allow to remain three or four minutes. Lift off the gum with a dull knife or spatula. If the gum does not release readily, repeat the treatment.

#### COSMETICS

The treatment of cosmetics by any of the three formulas would be a lengthy process. If you have on hand one of the cosmetic removers sold at most drug counters, use it according to the directions on the package. Otherwise, apply a nonflammable household dry cleaning fluid, then follow with Formula 1.

#### FOODSTUFFS (General)

If it's a "crusty" food gently scrape off as much as possible with a dull knife or spatula. Follow by sponging with lukewarm water, using a clean, white unstarched cloth; then apply Formula 1. If any trace of stain appears after the area is dried, apply a nonflammable household dry cleaning fluid with an eye dropper and sponge dry with a clean cloth.

#### FRUITS and FRUIT JUICES

Sponge with a clean white cloth dampened with lukewarm water. Follow with Formula 1.

#### FURNITURE POLISH

Removal of furniture polish stains is one of the more

difficult tasks. Often these stains are insoluble because the polish contains a dye that has an affinity for the fibers of the rug, and the chemical action necessary to remove the stain may often remove the color of the rug as well. If you do attempt to remove this stain, apply a warm alcohol solution. Continue the treatment as long as new clean cloths are discolored by the polish. If any stain remains, call in a professional rug cleaner.

#### GREASE

Apply a nonflammable dry cleaning fluid and sponge with a clean cloth. Repeat until the cloth shows no further evidence of discoloration. If any stain remains, apply Formula 1.

#### ICE CREAM, MILK, DESSERTS

Sponge with lukewarm water, using a clean white unstarched cloth. Follow with Formula 1. If, after drying, any stain remains, apply Formula 3.

#### INK (Ball Point Pen)

Apply a nonflammable household dry cleaning fluid, and sponge with a clean dry cloth.

#### INK (Fountain Pen)

Ink stains are another common source of trouble. There have been hundreds of formulas suggested for ink removal but, while many of them produce satisfactory results, their misuse often causes a small stain to spread over a larger area of the floor covering. Nearly all household inks, except ball point pen inks, are soluble in soap and water. However, the promiscuous use of soap and water will extend the stain over too large an area of the carpet for an inexperienced person to tackle. Where the stain or stains are small, do this:

Use clean white blotters to blot up as much of the stain as possible. Have an abundance of clean white rags available and be sure to wear rubber gloves. Sponge the stain from its outer edges in toward the center. Repeat the sponging as long as you can see evidence of the stain on the cloths. Follow by using Formula 1, again being careful to work in toward the center of the stain. Changing cloths frequently, repeat until all evidence of the stain is removed. If a brown or yellow stain remains, this is evidence that iron was incorporated in the ink formula. Its removal is a job for a rug cleaner. Removing large ink stains can be a very messy chore. It is best to merely blot up as much ink as you can, then call a professional rug cleaner.

#### IODINE

Prepare a pan of hot water. In it place an unopened bottle of denatured alcohol to raise its temperature. Apply the warm alcohol to the stain with an eye dropper, a drop or two at a time, and carefully sponge with a clean white cloth from the outside in to the center. Repeat as often as necessary.

Caution: Keep the alcohol away from an open flame; it is highly inflammable! Before placing the bottle in the hot water, turn out the flame and remove the pan from the stove.

#### MEDICINE (General)

Sponge with lukewarm water and clean white unstarched cloths, changing cloths as often as necessary, and working from the outer edge toward the center. Apply one drop of Formula 1 to the stain and immediately apply a cloth to that area. If there is evidence of the stain transferring to the cloth, continue with Formula

(Continued on Page 141)



# You Can See and Feel the Difference!

See the smooth finish of these Carolab cotton balls . . . feel the firmness, too. This is virgin long-staple cotton, carefully spun so that there are no nibs, no loose wispy ends. Carolab cotton balls are soft, yet with proper density for greater absorbency.

There is a complete range of sizes—five to meet every need in the hospital . . . from nursery to accident ward, from pharmacy to blood bank and laboratories.

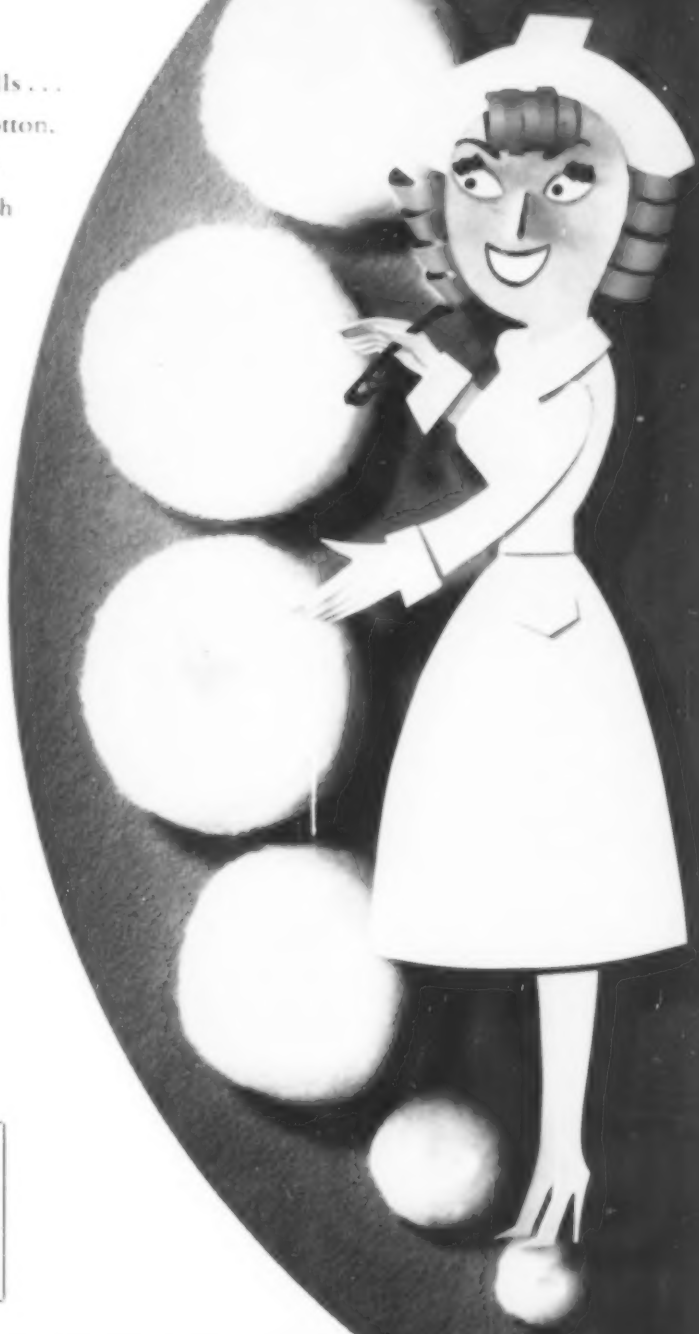
Carolab cotton balls are economical, too. They replace sponges in many hospital procedures to provide improved technic as well as lower cost. You will find Carolab is truly a better ball at a lower price.

## *Manufactured Where Grown*

super	2000 per case	
special	2000	special is same size as large
large	2000, 4000	but is almost twice as dense
medium	4000, 8000	
small	8000	

rayon balls also available in the four larger sizes, same packing and price.

*On request, a large sample case of the complete line of Carolab surgical dressings will be delivered for inspection by OR, OB and CRS supervisors, purchasing agent or business manager, and other interested hospital personnel.*



**CAROLINA ABSORBENT COTTON CO.**  
(Division of Barnhart Mfg. Co., Inc.)

P.O. 2176

Charlotte 1, North Carolina

# Carolina

your dependable source

for All Hospital Textiles . . .

BATHMATS  
 BASSINET LINERS  
   *pads*  
   *padding*  
 BEDSPREADS  
 BLANKETS  
   *Bath*  
   *Crib*  
   *Ether*  
 CURTAINS  
   *curtain material*  
 DRAPERY MATERIAL  
 LAUNDRY FELT  
 LINEN MARKERS  
 MATTRESS COVERS  
 PIECE GOODS  
   *white and colored*  
 PILLOWS  
 PILLOW CASES  
 PILLOW COVERS  
 SHOWER CURTAINS  
 SHEETS  
   *BED*  
   *CRIB*  
   *bleached*  
   *unbleached*  
   *percale*  
   *contour*  
 SHEETING  
   *bleached*  
   *unbleached*  
   *jade green*  
 TAPE  
 TABLE LINENS  
   *tablecloths*  
   *napkins*  
   *tray covers*  
 TICKING  
 TOWELS  
   *terry*  
   *huck*  
   *absorbent*  
   *kitchen*  
   *name woven*  
 TOWELING  
 UTILITY FABRICS  
   *drill*  
   *twill*  
   *duck*  
 WASH CLOTHS



Whatever your needs—from a wash cloth to a bolt of drapery material—Carolina has it or can get it. **Your textile problems are our business.**

More important, Carolina has in stock a complete selection of grades—from service weights to luxury items, unbleached muslin to percale—to meet your individual requirements, *and your budget!*

A Carolina representative will be glad to show you samples, help you in any possible way.

Send for a complete Carolina catalog if you do not have one readily available—14-page section on textiles included.

**IMPORTANT:** Carolina carries only *branded* merchandise—your guarantee of dependable uniformity. High tensile strength, long wearing characteristics are inherent in products bearing the maker's own name.



## Carolina Absorbent Cotton Co.

(Division of Barnhardt Mfg. Co.)

CHARLOTTE 1, NORTH CAROLINA

quality products of cotton since 1900



(Continued From Page 138)

1. If not, follow the same procedure with Formula 2. If the stain still does not respond, find out the chemical content of the medicine. Then call a professional rug cleaner and pass on to him the information as to chemical content. In this way he can determine the best way to remove the stain.

#### MERCUROCHROME

The procedure for treating mercurochrome stains is impractical for an inexperienced person to follow. Such stains should be handled by a professional rug cleaner.

#### NAIL POLISH

Apply nail polish remover directly to the stain with an eye dropper. After a few minutes sponge with a clean white unstarched cloth, working from the outer edge in toward the center.

### Glossary of Standard Cleaning Materials

#### CLEANERS

**Powdered Cleanser:** A mild abrasive powder for washing sinks, toilets, tubs. Do not use on painted surfaces.

**Liquid Detergent:** A neutral detergent marked "utility cleaner." Use 1 to 4 ounces per gallon of water for floors or walls. Porters are not to use powdered cleansers on walls.

**Paste Cleaner:** A mild abrasive paste cleaner for toilets, sinks, tubs. Do not use on painted surfaces.

**Soap Powder:** An alkaline powder for washing mop heads. Never used on composition floors.

**LIQUID BLEACH:** Used to clean and bleach mop heads and occasionally to bleach inside toilet bowls.

**DEODORANT:** Used in areas to prevent odors. Machine sprayed. Small bottle spray.

**DISINFECTANT:** A general disinfectant for use in contaminated areas, toilet seats, and in combination with liquid detergent.

**FURNITURE POLISH:** Used on metal and wooden furniture. Do not use on leather covers.

**INSECTICIDE:** Used for extermination on patients, in areas throughout the house such as clothes rooms, locker rooms, and so on. Machine sprayed.

**RENOVATOR:** An oil base material for removing spots on floors and walls.

**TRISODIUM PHOSPHATE** (or commercial equivalent): An alkaline powder used on terrazzo floors. Should never be used on composition floors unless used with soap solution in stripping wax from floors. When used for this purpose, floor must be neutralized with vinegar and water, then rinsed with clear water.

**WAX, WATER EMULSION:** Made with carnauba wax for all types of floors — never to be used on tile or marble.

**WAX, NONSLIP:** A water emulsion wax with colloidal silica for all types of floors except terrazzo and marble. ■

#### OIL

Most oil stains will respond to the use of a nonflammable household dry cleaning fluid, applied by eye dropper to the stained area, and sponged with a clean white unstarched cloth. Where such stains cover a large area of the rug and are caused by spillage of an appreciable amount of oil, send the rug to a professional rug cleaner.

#### PAINT, VARNISH, SHELLAC

Where a small quantity of such material has been dropped on the rug, apply turpentine with an eye dropper and sponge it from the outer edge of the stain toward the center. Follow by applying a nonflammable dry cleaning fluid in the same manner. If the stain remains, contact the paint manufacturer for a thinner or remover made specifically for the product involved. Where the stains are caused by considerable spillage, let a professional rug cleaner remove the stain.

#### RUST

Removal is no job for an amateur. Call a professional rug cleaner.

#### SHOE POLISH, LIQUID

If the stains are in small, local areas on the floor covering, sponge with lukewarm water, using a clean white unstarched cloth. Follow with Formula 1. If stain remains, apply a nonflammable dry cleaning fluid with an eye dropper and sponge the area from the outer edge in toward the center.

#### SHOE POLISH, PASTE

Scrape off any crusty surface, using a dull knife or spatula. Apply a nonflammable dry cleaning fluid with an eye dropper, sponging from the outer edge toward the center of the stain. Repeat as often as necessary and while there is evidence that the stain is being transferred to the cloth. If not entirely successful, apply Formula 1.

#### "SWEET" STAINS (Candy, Chocolate, Sugar)

Scrape off any crusty surface with a dull knife or spatula. Sponge with lukewarm water, working from the outer edge of the stain toward the center. Follow with Formula 1.

#### WAX

Scrape off as much as possible with a dull knife or spatula. Place a clean white blotter over the stained area, and move a hot iron over the blotter in regular ironing motion. Follow by applying a nonflammable dry cleaning fluid and sponging with a clean cloth.

#### STAINS OF UNKNOWN ORIGIN

Any attempt to remove a stain of unknown origin with a "patent" cleaning preparation may "set" the stain and make it impossible for even a professional rug cleaner to remove. If you insist on attempting the removal of a "mystery" stain, it is wise to confine your activity to the following:

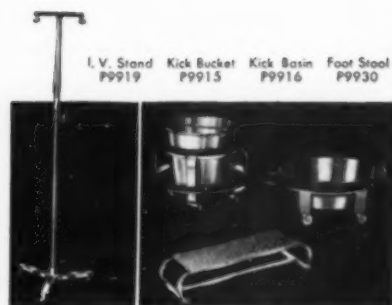
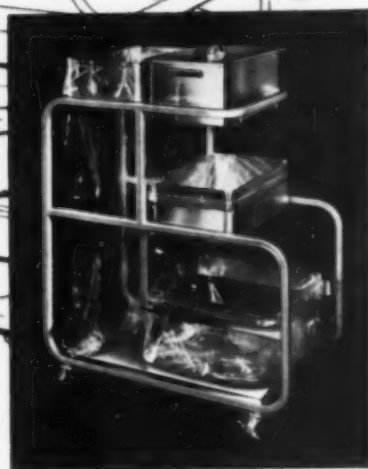
Apply a nonflammable household dry cleaning fluid to the stain with an eye dropper, and sponge with a clean white unstarched cloth, working from the outer edge toward the center. If the cloth picks up some of the stain, repeat the application until the stain is either removed or there is no further transfer to the cloth. Follow by Formula 1. If still unsuccessful, call a professional rug cleaner. ■

# alumiline



Septicart  
Cat. No. P9996

**Isolate Contaminated Articles in the O. R.—New Aloe Septicart**  
is a mobile receptacle for the systematic collection, immediate isolation, and removal of all contaminated material in the operating room. It is easily moved to points of collection and quickly withdrawn on easy-rolling casters. Septicart is fitted with a leak-proof polyethylene bag of large capacity to hold soiled linens. Solution tank of stainless steel has removable stainless steel basket to receive all discarded instruments. Below the instrument tank is a receptacle for soiled dressings, etc. to be discarded; fitted with a leak-proof polyethylene fold-over bag. Below the glove receptacle is a utensil receptacle, also fitted with a leak-proof polyethylene bag for easy removal. The red color of the bags serves as a warning code denoting contamination to all who handle.



I. V. Stand P9919   Kick Bucket P9915   Kick Basin P9916   Foot Stool P9930

Anesthesia Cabinet—P9949

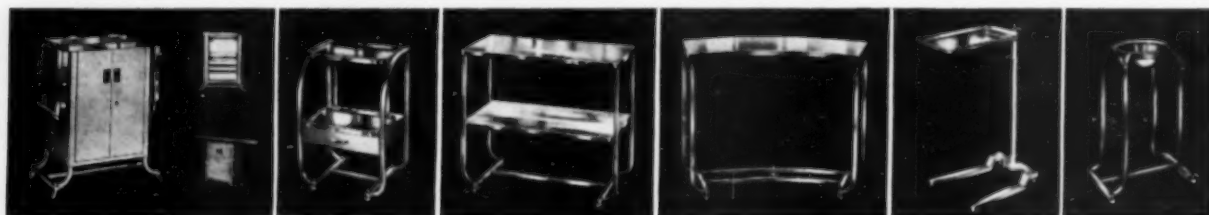
Anesthetist's Stand—P9937

Instrument Tables

Curved Instrument Tables

Mayo Rack—P9920

Solution Stand—P9960



# .....Meets Today's Most Rigid O. R. Standards

*Aluminum and stainless steel for superior conductivity, easy-to-clean, aseptic construction. Distinctive style, superbly functional*

Alumiline operating room furniture is an Aloe exclusive development. Designed and fabricated entirely in our own factory, it has been given special features which make it uniquely fitted for use in the surgery.

## **Distinctive—Design-Coordinated**

The graceful, distinctive, square-tube frames provide the strength and pleasing unity of design which are characteristic of the entire line. Alumiline is completely functional—every unit has been developed to serve a definite purpose with maximum efficiency. As a group, Alumiline is design-coordinated to meet the stringent functional demands of modern surgical technics.

## **Maintenance-Free Construction**

Stainless steel and aluminum are combined to give permanent protection against corrosion and rust. Sturdy, welded construction assures lasting rigidity; exclusive H-frame cross bracing at the lower part of the unit provides unusual strength. In contrast to ordinary bolted construction, Alumiline will remain rigid per-

manently and will therefore last many times longer under the hard conditions of daily institutional use.

Aluminum parts are chemically oxidized and finished to retain a permanently smooth surface that is easy to clean and will never tarnish in normal use.

The stainless steel used in Alumiline has a No. 4 Satin finish, which reduces glare and shows no finger prints. The light weight of Alumiline permits easier handling; causes less damage to hospital floors.

## **Electrically Conductive**

Because of superior conductivity, aluminum and stainless steel are the preferred materials for use in the O. R. Alumiline in the operating room forms an important link in your chain of precautions against explosion hazards of static electricity.

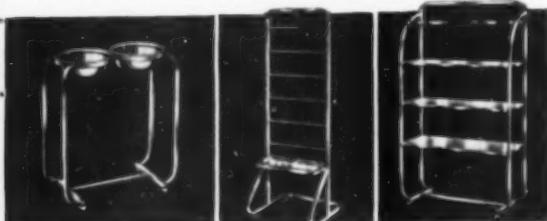
With the naturally conductive aluminum and stainless steel construction, conductive casters complete the cycle of safety measures that make Alumiline safe for use in the presence of anesthetic gases.

*Write or see your Aloe Representative for complete information.*

Operator's Stools—P9925—P9927 Linen Hamper—P9970 Utility Stand—P9943



Solution Stand—P9965 Sponge Rack—P9995 Instrument Stand—P9955



OUR 100TH YEAR



**World's Foremost Hospital Supplier**

**A. S. ALOE COMPANY**

DIVISION OF THE BRUNSWICK-BALKE-COLLENDER COMPANY  
1831 Olive Street, St. Louis 3, Mo.

16 FULLY STOCKED DIVISIONS COAST-TO-COAST



## Mr. R.N. Is Wanted on the Nursing Team

(Continued From Page 72)

day, thanks to the 1955 Bolton Amendment to the Army-Navy Nurses' Act, men nurses are eligible for appointment to the army and air force reserve with ranks of 2d lieutenant to captain. They can rise to the rank of lieutenant-colonel or colonel.

American male nurses serve in Africa, South America, Hawaii, Europe, Japan and everywhere else on earth that Americans have gone in numbers

on either private or government business. One is an industrial nurse with an oil company on Aruba, Dutch West Indies. Two others, Roger and Jarel Nagel, are medical missionaries at Sudan Interior Mission in Addis Ababa.

At home, a pace-setting success in the nursing profession is Leonard F. Stevens, chief nurse at the Veterans Administration Hospital, St. Cloud, Minn. A dapper, crisp-spoken executive of 52, Stevens, after 29 years of caring for the ill, has won a private battle of his own. He has reached a top-

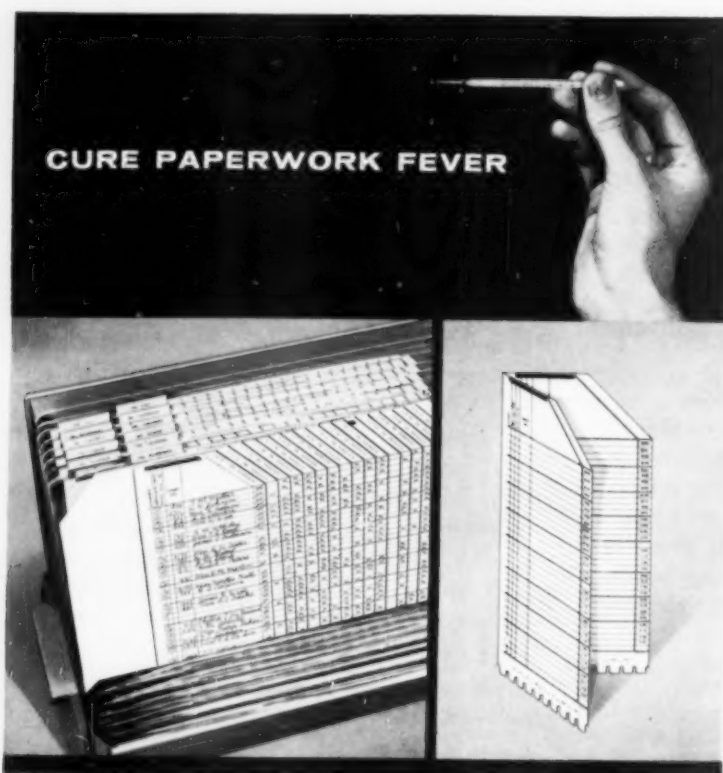
level position traditionally held by a woman. The 70-odd female nurses in his charge are proud of their chief. "Having a man at the head," one told me, "boosts the prestige of nurses in general."

John Gorton has served for 20 years at Creedmoor State Hospital, Queens Village, N.Y. During his freshman days, he was discouraged by the seemingly thankless drudgery of the work and threatened three times to quit. Today, many thousands of patients in the nation's mental hospitals are grateful that he stayed on. One of Gorton's main jobs as a top psychiatric nurse consultant for the National League for Nursing is to inspire nursing personnel in understaffed institutions not to give up on seemingly "hopeless" cases.

A large percentage of men in nursing are there because they originally wanted to be doctors. Lawrence J. Bradley, for example, was a junior at the University of Pittsburgh when the stock market crash of 1929 ended his hopes for medical school. Crushed at first, he turned to nursing as "the next best thing." Now, Bradley, with a wife, six children and a year of graduate training in hospital administration, is the director of Rochester, N. Y.'s big Genesee Hospital. Responsible for the performance of 655 employees, including 120 student nurses and 75 R.N.'s (all women), he is probably at least as great a force in the hospital world as if he had attained his original ambition.

Not every nurse, of course, reaches these heights — which is fortunate. For the greatest need is for basic, workaday, bedside staff nurses — those trained, versatile individuals who provide expert care for the ill. But there are no levels of nursing today from which men are excluded. Older applicants (up to 50) with less than high school educations are urgently wanted as assistant nurses. Nearly all hospital schools offer short courses for people who show aptitude for this work.

With the world's population clamoring for more and better hospital care, there simply aren't enough women nurses to meet the demand. In England, in two decades the number of male nurses has increased 500 per cent. The United States could well follow her example. Certainly, in the United States, men nurses have come to stay. The excellence of their record is as incontrovertible as the need of them.



## ACME VISIBLE system simplifies clinic appointment scheduling

Cut out the unpredictable, feverish ups and downs in clinic appointment records. Facts can be reliable, promptly posted and routed each day—unhampered by even a sudden rise in clinic activity. Acme Visible guarantees fast, accurate, visible records which handle a full month's appointments for each clinic doctor.

Duplicate Posting is the dependable way. Acme's 2-part record automatically transfers original postings to a duplicate copy—eliminating half the work and all possible errors. Librarians use the duplicate to pull a case history in advance of patient visit. Then this copy moves to the doctor's desk for his charge notation before its final trip to bookkeeping.

For more facts on Acme Visible to put speed and ease in your clinic record system from receptionist to record room to doctor to bookkeeping, MAIL THIS COUPON TODAY!

### ACME VISIBLE

World's Largest Exclusive Makers of Visible Record Systems.

ACME VISIBLE RECORDS, INC.  
5012 West Allview Drive, Crozet, Va.

Please send me free detailed booklets on hospital record systems.

Name \_\_\_\_\_

Title \_\_\_\_\_

Hospital \_\_\_\_\_

City \_\_\_\_\_ Zone \_\_\_\_\_ State \_\_\_\_\_

FROM THE NATION'S LARGEST MANUFACTURER OF COMMERCIAL AND INDUSTRIAL LIGHTING EQUIPMENT...

**NEWS**  
about  
lighting's  
most  
versatile  
design  
elements

**UNI-FRAME**

recessed incandescent lens box line  
by

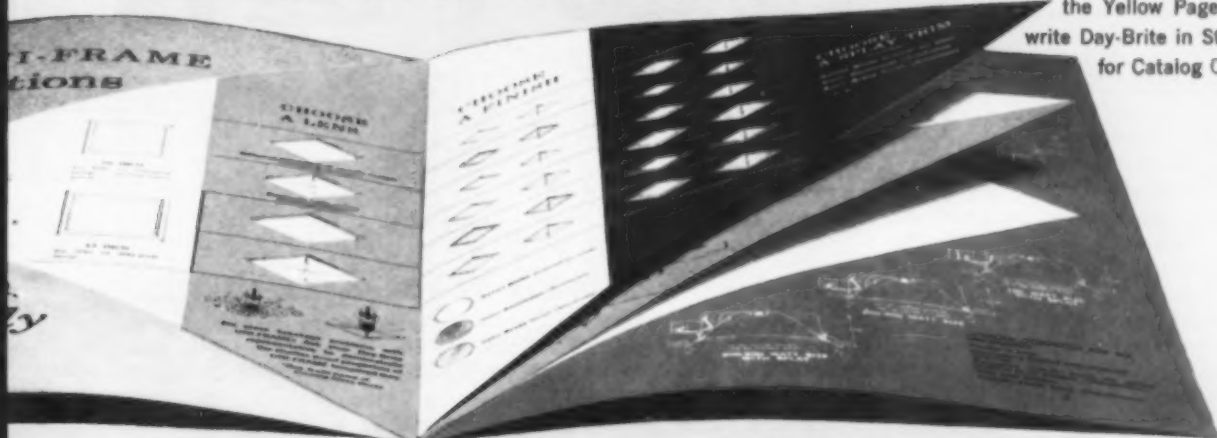
A-636



New smaller size for 100-150  
watt lamps at lower price!  
New diffusing glass bowl!  
New matching splay trims!  
New application ideas!

You'll find full details in this  
attractive UNI-FRAME booklet.  
Available from your Day-Brite  
representative listed in  
the Yellow Pages. Or  
write Day-Brite in St. Louis  
for Catalog OD-1036.

...and IDEAS on "how to" use them



Day-Brite Lighting, Inc. St. Louis, Missouri Santa Clara, California

## NEWS DIGEST

### Michigan Hospital Innovations, Inventions Win Awards in Annual Achievement Contest

LANSING, MICH. — Money and time saving ideas — 230 of them — were submitted by Michigan hospitals in the second annual search for hospital achievements, sponsored by the Michigan Hospital Association and Michigan Hospital Service.

Cash awards or certificates of honorable mention were given to 46 of the contest entries submitted by hospital personnel, Allan Barth, executive director of the association, reported.

Savings reported in contest entries are estimated to amount to hundreds of thousands of dollars annually. "This is one of the ways in which our hospitals are working vigorously to meet the inroads of inflation," Mr. Barth stated. "Because inflation has continued to force hospital costs upward, few people realize the resourcefulness shown by hospitals in developing new and more economical methods of serving."

Descriptions of all of the entries, many with illustrations or sample forms, have been published in a booklet, "New Hospital Achievements," distributed by the sponsors.

Grand prize of \$1000 went to Margaret Loessel, director of nursing, Midland Hospital Association, Midland, for her description of how nursing shift reports are tape recorded at the hospital.

According to her report, communications between employees on different shifts were often incomplete, misunderstood, misquoted or forgotten. Under the new system, a tape recorder located at the nursing station is used to record information for the next shift, or the next two shifts.

Advantages of the system include better and more complete reports and better rapport between employees on different shifts. Suggestions for improvements of policies and procedures are reported while they are fresh in mind, and two shifts can, if desired, hear reports of two previous shifts, Miss Loessel reported.

First prize for hospitals of 500 beds and over went to Henry Ford Hospital, Detroit, for a report of the adaptation of a traveling requisition as used in industry for repeat purchases. The card is used for 30 or more purchases

of a single item. It speeds up, simplifies and reduces the cost of reordering materials carried in the various stock departments, Casimer H. Pawczuk, buyer for the hospital, reported.

A description of a master disaster plan won first prize in its category (251 to 500 beds) for Blodgett Memorial Hospital, Grand Rapids. A method was worked out of having oxygen available in an area ordinarily used as a dining room so that in an emergency a shock ward can be set up in a few minutes. The description of how the room was fitted for emergency service was furnished by Robert A. Newton, purchasing agent, and E. J. Ayars, chief engineer.

A dressing sheet to be used for bedside dressings won the first prize in the category for hospitals of 51 to 200 beds. The idea was submitted by Ella R. Johnson, R.N., director of nursing service, Paulina Stearns Hospital, Ludington. The dressing sheet has a divided pocket for instruments and dressings located near the center opening.

(Continued on Page 152)

### If There's No Nurse It's No Nursing Home, New York Official Says

ITHACA, N.Y. — The New York state department of social welfare has announced new regulations for facilities which profess to be nursing homes or which undertake to care for the chronically ill but which do not provide nursing services.

Among approximately 700 nursing homes supervised by the department are some homes that, for one reason or another, do not provide nursing care by a licensed nurse, as the law requires, Robert Shulman, deputy commissioner of the social welfare department, told the Cornell Institute for Nursing Home Operators here October 27.

From now on, all such facilities will be regarded as private proprietary homes for adults, which are allowed to care only for persons who do not require medical or nursing care and who need only the services of attendants to assure their safety and comfort, he said.

Neither the public nor public welfare departments should be paying for nursing care that is not being given, Mr. Shulman said.

### They Learn Fire Safety by Practicing It



Air force nurses learn by doing in a fire evacuation drill recently held at the United States Air Force Hospital at Scott Air Force Base, Ill., under the direction of Lt. Robert McGrath. Lt. McGrath is shown (back to camera) directing Lt. Shirley Herring and Capt. Earnest in evacuation technics during the one-day institute. Lt. Audrey Simpson portrays a hospital patient during a mock fire.

# There IS a difference in the quality of SURGICAL DRESSINGS

"Some time ago we were asked to make tests of surgical dressings. Frankly I was doubtful that there could be much difference, especially in the standard dressings we use in tremendous volume, such as, sponges, pads, cotton balls, and so on.

My choice after the tests was MARCO — they were better than any used previously. This was borne out by the staff's remarks about higher absorbency and softness, and uniformity of sizes and folds.

Besides, we also found the Marco people to be very resourceful in developing new dressings and in improving the quality and usefulness of old ones."



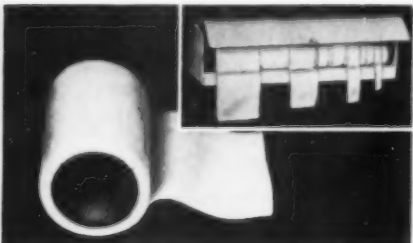
**OPAKE SPONGES** highly X-ray detectable element is spread throughout sponge. Non-traumatic to tissue. Bulk or pre-counted in 10's, 3" x 3" to 8" x 4"



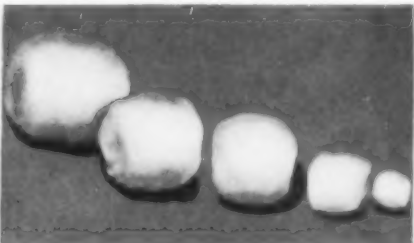
**LAPAROTOMY TAPE PADS** X-ray detectable, permanently bonded tape to attach to ring or hemostat. Quilted to hold shape, withstand repeated laundering 12" x 12" or 18" x 18" square—18" x 4" or 36" x 8" oblong.



**READY-CUT BANDAGE ROLLS** sealed edges prevent thread ravelling. Flip-up flap on wrapper permits one-hand removal, controls unrolling—selfsealing to keep bandage clean. 10 yards long—all widths.



**ADHESIVE** provides minimum skin irritation, minimum creep, no impurities. Firm fabric for wrinkle-free application, effective support. Adheres with normal hand pressure. 10 yards — 1/2" to 4".



**COTTON BALLS** soft and firm, made of long-staple white absorbent cotton. Useful for perineal care, for prepping, as wipes and swabs (not sterilized). Five sizes—1/4" to 2".



**TWINPAKT DRESSINGS** for post-operative work, saves valuable time, minimizes waste and are guaranteed sterile.

CATALOG AND PRICE LIST

**marsales co., inc.**

DIVISION OF HERMITAGE COTTON MILLS

**marco**

ON REQUEST TO DEPT. MH3

"serving hospitals exclusively"

62 WORTH STREET • NEW YORK 13, N. Y.



# UNSURPASSED

UNSURPASSED·UNSURPASSED

## HP ACTHAR Gel

unsurpassed  
in ACTH therapy

The most extensive clinical and experimental background.

The most widely used in practice.

With a documented record of safety not matched by any other drug of comparable action, scope and efficacy.

And a therapeutic effect of rapid onset, lasting up to 72 hours.

HP\* ACTHAR® Gel is fluid at room temperature and as convenient to inject as any other aqueous preparation.

HP\*ACTHAR Gel is the Armour Pharmaceutical Company brand of Purified Repository Corticotropin (ACTH).

Available in 5 cc. vials of 20, 40, 80 U.S.P. Units/cc. Also in a disposable syringe form, in a potency of 40 U.S.P. Units.

\*Highly Purified



ARMOUR PHARMACEUTICAL COMPANY

KANKAKEE, ILLINOIS

*Armour Means Protection*

© 1966, A. P. Co.

# UNSURPASSED

## Disaster Plans Prove Worth in Hurricane, Administrators Report

COLUMBIA, S.C. — The value of a hospital disaster plan and emergency generators ready to take over during a power failure was again demonstrated when Hurricane Gracie hit parts of South Carolina in October.

Hurricanes are a rather common occurrence along the Carolina coast and every hospital has some sort of a plan which it puts into effect at least four or five times a year, James R. Neely, executive director of the South Carolina Hospital Association, reports.

Mr. Neely surveyed hospitals affected by the hurricane to find out what they had learned from the experience.

"Almost every administrator suggested that the emergency power generators should be tied into more circuits," he told *The Modern Hospital*. Most hospitals anticipated they would need their emergency power for only short periods of time; therefore, they tied the emergency generators into little more than the operating and delivery room lights, a few corridor lights, and perhaps the elevators, Mr. Neely explained.

"In a prolonged power failure," he said, "electricity is needed also to feed patients, to operate hospital switchboards, to operate emergency radios, and to operate equipment used in diagnosis and therapy."

Since a major problem in a disaster is to get employees to the hospital, almost every hospital's disaster plan includes a provision that the people on duty will remain on duty until replaced, he pointed out.

Six suggestions for emergency planning were offered by A. Rhett Nicholson Jr., administrator of Beaufort Memorial Hospital, Beaufort, S.C., based on his experience with Hurricane Gracie. They are:

1. Every hospital administrator should make sure he has a generator large enough to supply power to run his entire facilities and not just his operating room and corridor lights. Our emergency unit fulfilled this purpose in every respect. (The administrator said his hospital was probably the only civilian place in the entire Beaufort area where a person could procure a hot meal, hot bath, and shave with his electric razor during the storm.)

2. Make sure to have sufficient gas,



*Specify:*

# **AMSCO**

**Model M·E·**

## **RECTANGULAR STERILIZER**



### **Features:**

- ▶ M. E. construction . . . Monel End Ring welded to nickel clad interior for complete armor against rust or corrosion.
- ▶ Improved external appearance — easier to keep clean.
- ▶ Unitized Control Panel incorporates Indicating-Recording-Controlling Thermometer.
- ▶ Improved door hinge simplifies closing.
- ▶ Cyclomatic Control assures correct sterilization cycle with minimum operator time and attention.
- ▶ Vacuum drying keeps work area cooler and drier.
- ▶ Solution exhaust valve speeds cooling of flaked fluids.
- ▶ Exclusive steam-lock door assures complete safety.

American Model M. E. Sterilizers meet the modern need for large capacity steam sterilization of everything from surgical and obstetrical packs to treatment trays or flaked solutions. They have many specific features which make them easier, faster and more comfortable to use and less costly to maintain.

But the truly exclusive feature of the American M. E. is the integrity of design and manufacture which is summed up in the phrase "made by American Sterilizer." Only from that priceless ingredient can you derive the ultimate in convenience, efficiency and lasting economy.

Write for Bulletin SC-305



**AMERICAN  
STERILIZER**  
ERIE • PENNSYLVANIA

*Offices in 14 Principal Cities*

fuel or oil on hand to run the power generator for a period of three to five days.

3. Make sure to have plenty of drinking water stored. If possible, drill your own well so that you can switch over to it in case of failure on the part of the city water supply.

4. Have sufficient supplies of all types on hand, especially paper plates and cups.

5. Make provisions for your personnel who are on duty to bring their families with them if they so desire.

6. Do not depend on telephones or

radio service. Depend on messenger service only.

Mr. Nicholson also suggested that the hospital should be prepared to operate as an individual unit during the height of the storm and for a day or two thereafter, as most of the other organizations may be so busy taking care of their own problems that they will have little time to find out what the hospital's needs are.

At Roper Hospital, Charleston, S.C., Administrator C. A. Robb credited his employees for their extra efforts to get to the hospital during the storm

and for working longer hours and double shifts.

The Roper Hospital was furnished power from a mobile power substation provided by the electric and gas company. When the storm threatened to tear out a covered walkway between the old and new sections of the hospital, travel between the two areas was cut off for about four hours, Mr. Robb reported.

During the storm a door to the elevator shaft in the pediatrics department at Roper Hospital blew away and excessive rain down the shaft caused a short-circuit and a fire in the elevator, the administrator said.

"More excitement occurred when an expectant mother, the only employee to make it to the business office, went into labor and had to be taken to St. Francis Xavier Hospital instead of the private pavilion because the covered walkway was impassable and the entire hospital surrounded by water," the hospital newsletter, *Roperama*, reported.



*If a single  
vital unit in your  
hospital was forced to close*

would you lose highly trained personnel?

would your expansion funds be depleted?

would you be forced to close entirely . . . and forever?

The answers would be "no," if your hospital carried The St. Paul Fire and Marine Insurance Companies' Business Interruption Insurance. This coverage is designed to replace earnings lost which result directly from interruptions caused by damage to or destruction of real and personal property from certain hazards, thus making it possible to meet normal obligations such as payroll, interest payments on indebtedness, insurance premiums, membership fees and dues . . . also payments for extra expenses incurred in rehabilitating a unit.

Since a hospital is particularly vulnerable to shut down or reduced function and continuous earnings are vital to its operation, Business Interruption Insurance is of real importance.



WRITE  
for explanatory booklet  
or name of your  
nearest agent.

HOME OFFICE

111 W. Fifth Street St. Paul 2, Minnesota



## **\$14.5 Million Added Pay Granted by N.Y. Hospitals Since End of June Strike**

NEW YORK. — General salary increases granted by the city's 81 voluntary hospitals since June amount to more than \$14.5 million annually in increased payroll, Dr. Arnold A. Karan, president of the Greater New York Hospital Association, reported recently.

The increases bring all of these hospitals up to a minimum of \$40 for a 40 hour week, he said. Also the hospitals are paying time-and-a-half for overtime.

In addition to the wage increases, the hospitals have increased fringe benefits in the form of more vacations, extended insurance and health benefits, and other improvements in working conditions, Dr. Karan reported. The annual increase in cost for such items is currently being computed.

"If there are any work stoppages or other labor difficulties in the future which again threaten the community's hospital service, it will certainly not be the fault of the hospitals," he said in reporting the changes since the end of the 46 day hospital strike last June.

"Frankly," he stated, "the payroll increase of \$14,517,225 represents a scraping of the financial barrel for our hospitals, every one of which was already operating at a deficit."



*General illumination and various accessories.*

Patents Pending

**Centron-10 consolidates ten services into one**



*Examination lamp extendible to 48".*



*Reading lamp swivels on extendible arm.*



Probably no hospital building today, new or remodeled, should be considered completely up-to-date unless equipped with CENTRON-10 in each bedroom. Within one centralized system, CENTRON-10 consolidates up to ten different services. No longer is it necessary to clutter a wall with scattered service outlets. New standards of convenience, both for the patients and hospital personnel can be achieved with CENTRON-10 installation. CENTRON-10 incorporates a softly diffusing general lighting component, a comfortably shielded, narrow beam reading lamp, a powerful, color-corrected examination lamp, a centrally located night light, convenience outlets, provisions for 2-way audio-visual nurse call systems, provisions for oxygen and vacuum systems and provisions for TV lead-ins and telephone outlets. For the ultimate in consolidation, an accessory swivel support arm for the intravenous supply apparatus is also available. THERE IS NO OTHER SYSTEM LIKE IT! Write today for complete details.

**Centron 10**

**SUNBEAM LIGHTING COMPANY**

777 East 14th Place, Los Angeles 21, California — 3840 Georgia Street, Gary, Indiana

# odor removal costs less than "fresh air"



You don't have to throw away the air you've paid to heat or cool. Even if it's loaded with odors, you can recover it all with activated charcoal. Air passing through charcoal filters is delivered completely odorless, sanitary, even fresher than outside air. No sprays, masking agents, or swabs.

Barnebey-Cheney activated charcoal may be applied in central heating and cooling systems or as portable units, in several sizes for rooms up to 12,000 cubic feet. You can choose from a wide range of capacities which are described fully in Bulletin T-322. Barnebey-Cheney, Columbus 19, Ohio.



*The Ohio State University Medical Center (above) uses Barnebey-Cheney air purifiers in various areas for odor removal, and recovers air which otherwise might be exhausted. (Left) Portable unit used in cancer treating room.*

**activated charcoal air purification**

## Barnebey Cheney

### Michigan Hospitals Win Awards for Improvements (Continued From Page 146)

An improved ice cube supply described by Anna Downs, R.N., staff nurse, St. Clair Community Hospital, St. Clair, won the first prize for hospitals of fewer than 50 beds. Stainless metal pitchers are half filled with cold water which is frozen in the containers. Shortly before tray time, the containers are filled with cold water and taken to the patients' bedside tables, thus assuring an adequate supply of cool drinking water. This system has completely eliminated handling of ice cubes with the fingers, the report said.

Entries that won special awards of \$100 were for:

**Bath tub stile**, Mildred E. Davidson, attendant nurse, and Wallace Westerfield, carpenter, Northville State Hospital, Northville.

**Metal oxygen rack**, Margaret Schroeder, head nurse, emergency room; Tommy Lewish, oxygen service; Virgil Waters, attendant, and Gordon Bartrem, maintenance, Henry Ford Hospital, Detroit.

**Cleaning device**, Scott Stieler, maintenance, Marlette Community Hospital, Marlette.

**Streamlined selective menus**, Lillian Holmer, administrative assistant, and dietary personnel, Pawating Hospital, Niles.

**Lithotomy sheet for use in urological procedures**, Nancy Conway, operating room nurse, Veterans Administration Hospital, Ann Arbor.

**Simplified clavicle strap**, Albert E. Shepherd, technician, orthopedic department, Henry Ford Hospital, Detroit.

**Dumb-waiter pharmacy system**, J. Allen Lancaster, chief pharmacist, St. Joseph Hospital, Flint.

**Nursing audit of medical records**, Helen Harper, surgical supervisor; Josephine Harlan, emergency room supervisor, and Grace Bloomstrand, operating room supervisor, Pontiac General Hospital, Pontiac.

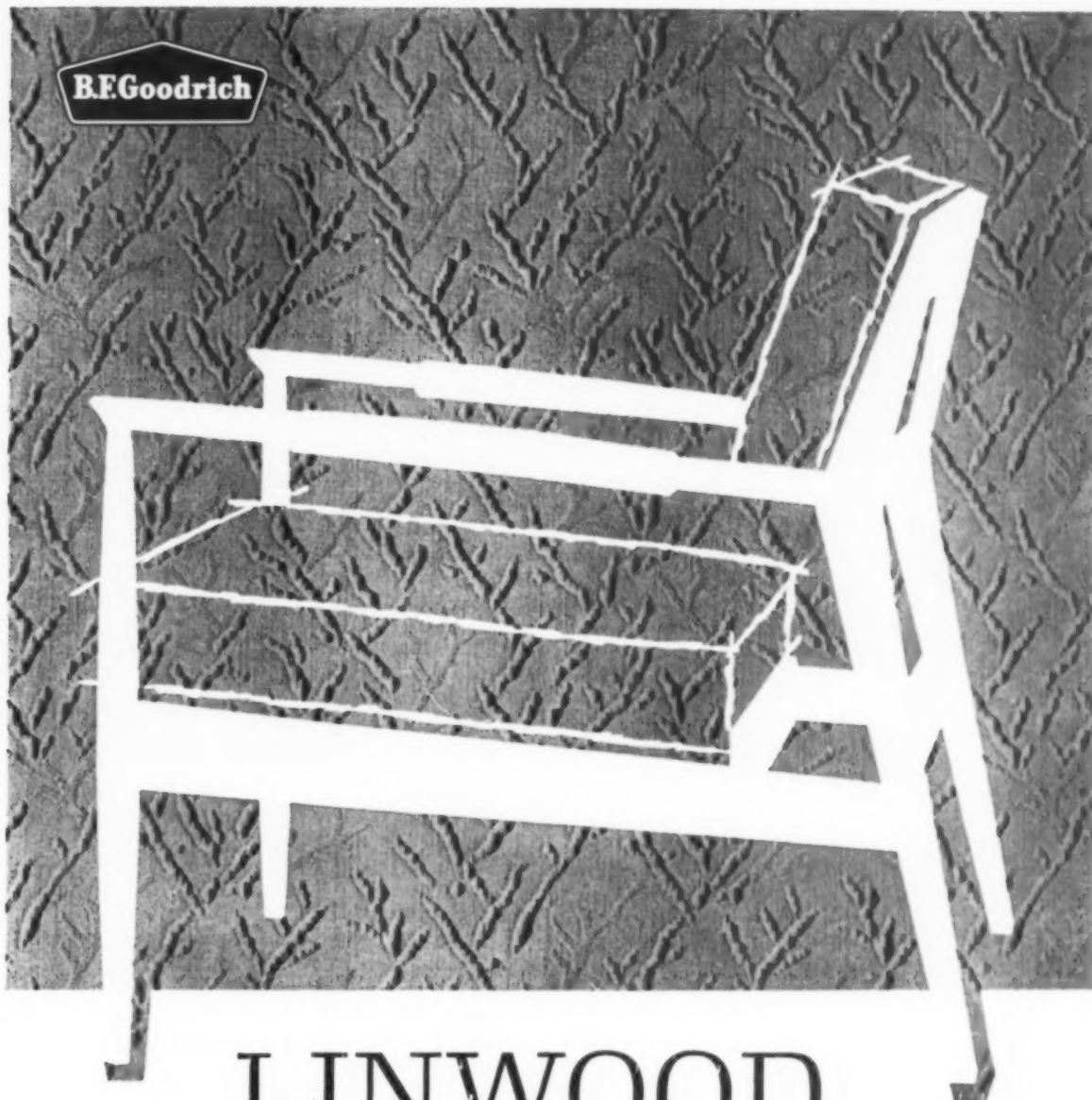
**Home-made fracture table for hip pinning operation**, Helene Welsh, operating room supervisor, Baraga County Memorial Hospital, L'Anse.

**Medicine and supplies control system**, Lillian Niskanen, R.N., pharmacy and supply department, and Frank A. Draskowski Jr., superintendent, Grand View Hospital, Ironwood.

All of these suggestions, plus the 32 honorable mention winners, are described in detail in the booklet.



**B.F. Goodrich**



# LINWOOD

Exclusive new Koroseal upholstery fabric

**Soft . . . durable . . . washable . . . elastic back . . . 15 colors**

"Linwood", a striking new Koroseal vinyl upholstery by B.F. Goodrich, looks like a rich textile covering, blends beautifully with modern wood finishes. The pattern is a repetition of small twigs, half dominant and half subdued in fifteen striking new colors, including metallics. Linwood is elastic fabric backed, and comes in 54" width and 35 yard rolls, or in cut yardage from your local dealer. See the complete Koroseal line of upholstery and wall covering fabrics in Sweet's Architectural Catalog. Or, for Linwood swatches, write Dept. MH-12, B.F. Goodrich Industrial Products Company, Marietta, Ohio.

*Koroseal*<sup>®</sup>  
VINYL UPHOLSTERY MATERIAL

**B.F. Goodrich** *Koroseal supported vinyl fabrics*





**satisfactory  
to surgeon  
and budget**

The surgical staff's most exacting demands are satisfied by the keener edge, better balance and greater weight of Crescent Blades.

The budget benefits by savings of up to one-third made possible by Crescent Blades.

**TRY before you BUY.**  
Send for free sample.

Crescent Surgical Sales Co., Inc.  
48-41 Van Dam Street  
Long Island City, New York



## Complete Sprinkler System Only Fire Safety Device To Pass Los Angeles Test

LOS ANGELES. — Complete automatic sprinkler systems with built-in heat triggered alarms showed the most promise of giving all-round fire protection, according to the results of tests conducted here by the fire department.

The test findings were reported in a 264 page National Fire Protection Association booklet.

The 75 fires set in a condemned school were designed to test the effectiveness of automatic vents, curtain boards (draft or fire curtains), and automatic sprinklers individually and in combination. Also tested were automatic fire and smoke detection equipment, fusible links, automatic door closers, fire resistant paints, and materials.

The results were almost completely negative, the report said. Virtually all fire safety devices except automatic sprinkler systems failed under test conditions.

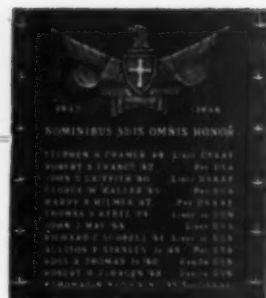
Commenting on the automatic sprinkler system, Fire Marshal Raymond Hill said: "Such a system, with its immediate heat reducing and fire fighting ability, plus alarms to alert the fire department and occupants of the building, appears the only answer to the dilemma."

The tests showed complete sprinkler systems maintain low temperatures throughout the building and will prevent extensive build-up of smoke and irritating gases.

"In the tests we conducted, not one vent or automatic closing device worked swiftly enough to prevent spread of deadly carbon monoxide and other fumes," Mr. Hill said.

Fire resistant doors and paints also failed to meet the hopes of experts. Slow burning acoustical tile was found a hazard because it actually spread fire through the corridors, according to the report.

In another report the National Fire Protection Association disclosed recently that hospitals and other institutions made a slight gain last year in reducing the number of fires. The number of hospital and other institutional fires in 1958 totaled 1600, down 100 from the previous year. Value of property destroyed showed a corresponding small decrease, from \$2.34 million in 1957 to \$2.04 million in 1958.



ORNAMENTAL BRONZE • ALUMINUM  
WROUGHT IRON • STAINLESS STEEL

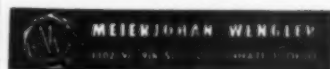
## LIGHTING FIXTURES

## BRONZE MEMORIALS

DESK and DOOR PLATES

SIGNS • ADD-A-NAME PLAQUES

DONOR and PORTRAIT TABLETS  
**ARCHITECTURAL LETTERS**  
of BRONZE, ALUMINUM, NICKEL-SILVER  
Estimates & Catalogs  
sent on request



# SAVE 25%

ON PATIENT GOWNS  
EACH YEAR!!!

ELIMINATE CUT  
AND TORN GOWNS —

SAVE AS MUCH AS

# 50%

ON LAUNDRY FINISHING  
NO IRONING REQUIRED

# PALM

**PATIENT GOWN**

Palm Gown Co. 64 Old Orchard  
Skokie, Ill.

## WHEN THE PATIENT IS IN STRESS...



### think first of **Solu-Cortef**

the first hydrocortisone for  
direct intravenous injection

**Upjohn**

THE UPJOHN COMPANY, KALAMAZOO, MICHIGAN

In many types of stress conditions, when corticoid requirements are multiplied as much as ten times or more, Solu-Cortef (i.v. hydrocortisone) rapidly combats shock by "triggering" vasopressors to maintain circulatory efficiency. In shock resulting from injury, surgery, or overwhelming systemic infection, think first of Solu-Cortef.

In anaphylactic shock, Solu-Cortef, through its prolonged action, helps prevent recurrence when given promptly after the administration of a vasopressor or an antihistaminic drug.

**In time-saving Mix-O-Vial\*** For time-saving administration, Solu-Cortef is supplied in the Mix-O-Vial, containing 100 or 250 mg. hydrocortisone with suitable diluent in a separate compartment.

**Dosage:** Inject intravenously in 30 to 60 seconds; repeat injections of half a Mix-O-Vial may be given after 1, 3, 6, and 10 hours.

\*Trademark, Reg. U.S. Pat. Off.

# Ohio Chemical ... a member

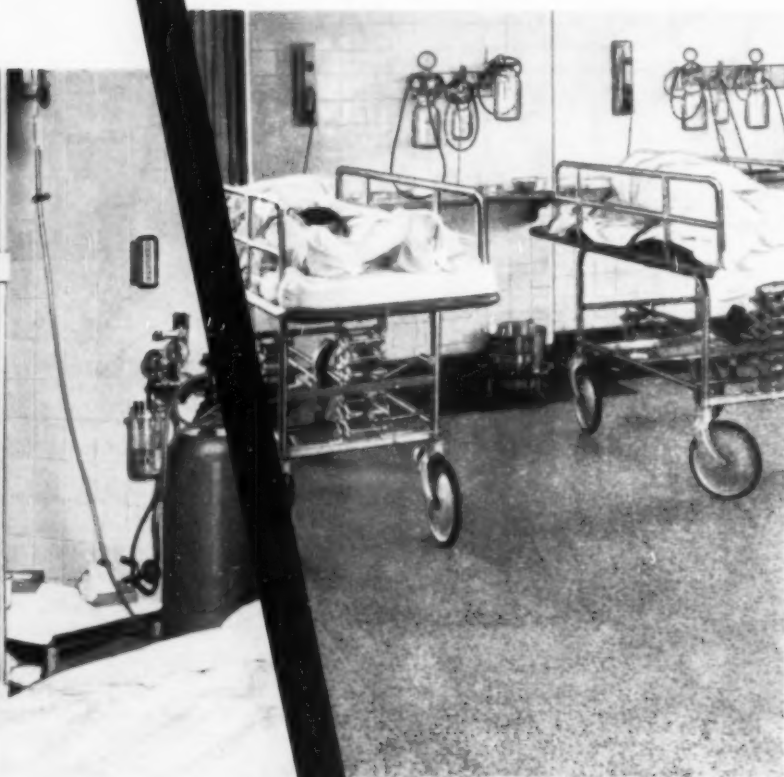


## OHIO CHEMICAL CENTRAL PIPELINE SYSTEMS

*Custom-Engineered from Preliminary  
Specifications Through to Completed Job*

Today many hospitals throughout the country are experiencing substantial savings in time and money with an Ohio Chemical pipeline system. Installing a central pipeline system in any hospital, old or new, is greatly simplified with the aid of Ohio Pipeline Specialists. They will

*Before Central Pipeline Installation*



*After Central Pipeline Installation*

of the hospital team!

work closely with administrators, architects and contractors in the planning and actual installation. This service, in both its consultative and in-work phases, *is available without charge.*

The tangible dollar savings of a central pipeline system — as measured in terms of time, labor, equipment and space — amount to more than two dollars *per cylinder* for most hospitals! This fact means that an Ohio Chemical pipeline system will usually pay for itself in two to five years.

In terms of added convenience, dependability and flexibility, an Ohio Chemical pipeline system provides benefits that are incalculable. Equipment maintenance is reduced. Good house-keeping is far easier throughout the hospital when oxygen is distributed via a central pipeline system. Moreover, the general morale of hospital personnel is usually improved.

Ohio will install the type and size of system best suited to the specific hospital. Gas can be piped separately into surgeries, recovery rooms, or patient rooms in any combination — or throughout the entire hospital building. In this way future needs can be provided for without using today's funds.

The service offered by Ohio Chemical includes everything needed to plan, install and operate a central pipeline system. It even includes the training of hospital personnel in the proper use of oxygen therapy apparatus.

Be sure to investigate soon the savings of time and money that an Ohio Chemical central pipeline system can provide for your hospital.

A complete catalog of Ohio Chemical Central Pipeline equipment and gas delivery systems is available on request. Please request Catalog No. 4677 from Department MH-12.

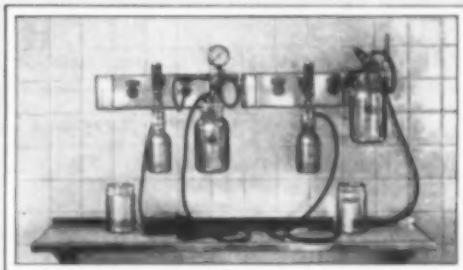


**Ohio Chemical**

**OHIO CHEMICAL & SURGICAL EQUIPMENT CO.**

MADISON 10, WISCONSIN

## PIPELINE EQUIPMENT AND ACCESSORIES



**Ohio "Diamond" flush outlets** provide maximum stability with a non-swivel device. They feature built-in self-sealing dust plugs. Positive keying arrangement prevents service interchange.

**Ohio "Twist-Release" service outlets** are available in exposed or recessed models. In either style they are neat, efficient and easily installed.

**Ohio pressure-compensated flowmeters, other metering devices and adapters** are among the finest and most popular.

**Vacuum equipment** — Ohio offers a complete line, from pumps to trap bottles and regulator units.

**Ohio's end-use oxygen therapy equipment** is made specifically to meet the physiological requirements of the patient and is accepted and approved by physicians and hospitals everywhere.

**Ohio flexible oxygen delivery systems** insure the most efficient and economical oxygen supply for every hospital. New liquid oxygen customer stations plus gaseous bulk oxygen storage units are available to suit the specific needs of individual hospitals.

"Service is Ohio Chemical's Most Important Commodity"

Ohio Chemical Pacific Company, Berkeley 10, Calif.  
Ohio Chemical Canada Limited, Toronto 2  
Airco Company International, New York 17  
Cia. Cubana de Oxígeno, Havana

(All subsidiaries or divisions of Air Reduction Company, Incorporated)





## Fewer Hospitals Training Largest Group of Interns in Decade, Council Finds

CHICAGO. — Fewer hospitals are offering approved internships, but those that do are training the largest number of interns recorded in the last 10 years, according to figures released recently by the Council on Medical Education and Hospitals of the American Medical Association.

The report showed an increase of approximately 1 per cent in the total number of approved internships al-

though the number of hospitals offering them dipped from 867 to 853. This resulted in the highest average number of internships per hospital — 14.6 — in the last 10 years.

More than 2000 out of 12,460 approved internships remain unfilled, the report said. The number of unfilled residencies was approximately 5000 out of a total of 32,000.

Payments to interns at hospitals affiliated with medical schools averaged \$155 per month. Average monthly payments to interns at nonaffiliated hospitals were \$197 monthly. Most of

these hospitals also provided full maintenance for interns although 9 per cent of affiliated hospitals and 3 per cent of nonaffiliated hospitals provided no maintenance at all.

The report disclosed that New England hospitals have the nation's highest percentage of filled internships (90 per cent), although they are closely followed by the Mountain States and the Pacific States, both of which reported 89 per cent of their internships were filled.

Other highlights from the report:

New York, New Jersey and Pennsylvania train one-fourth of the nation's interns.

Veterans Administration internships are least popular, being only 44 per cent occupied.

The most popular appointments were in affiliated hospitals of more than 500 beds, which were 90 per cent filled.

Of the residency specialties, surgery leads in the number of positions offered, with 5837, followed by internal medicine, 5606; psychiatry, 3542; pathology, 2643, and obstetrics-gynecology, 2600.

## U.S. Medical Schools Graduate 6869 M.D.'s

CHICAGO. — Graduates receiving the M.D. degree numbered 6869 for 1958-59, only one less than the previous year, to make it the second largest class of medical graduates since 1954-55 when there were 6977.

In its annual comprehensive report on medical education, which appeared in the November 14 issue of the *Journal of the American Medical Association*, the Council on Medical Education and Hospitals of the A.M.A. noted that 43 medical schools had decreases in the number graduated while 34 schools experienced increases.

Women comprised 5.4 per cent of the U.S. graduating class and 5.9 per cent of the Canadian graduating class.

Much of the council's report dealt with educational opportunities for the number of medical students considered adequate to satisfy medical service needs for a growing population.

The council indicated a need for 10,000 graduates a year from U.S. medical schools by 1975. The total enrollment in first year medical school classes for the 1958-59 academic year was 8128, the largest to date in the United States, the council reported.

rip the cuffs and

**NOW YOU SEE 'EM!**



**NOW YOU DON'T!**

Style C311MC



Style C316MC  
Tie vest with mitten cuffs

Style ED—Rubens Stay-Up  
Knit Diapers. Fluffy  
soft, extra  
absorbent. One  
size, fits all  
babies.

**MAGIC RUBENS MITTEN-CUFFS**

**SAVE BABY FROM SCRATCHES**

- protect the infant
- make identification easier

You can order every Rubens gown and shirt with popular mitten-cuffs... PLUS all of the other Rubens hospital-approved features... finest combed cotton yarn, extra-strength shoulder seams and precise sizing.

Sold only through hospital supply houses



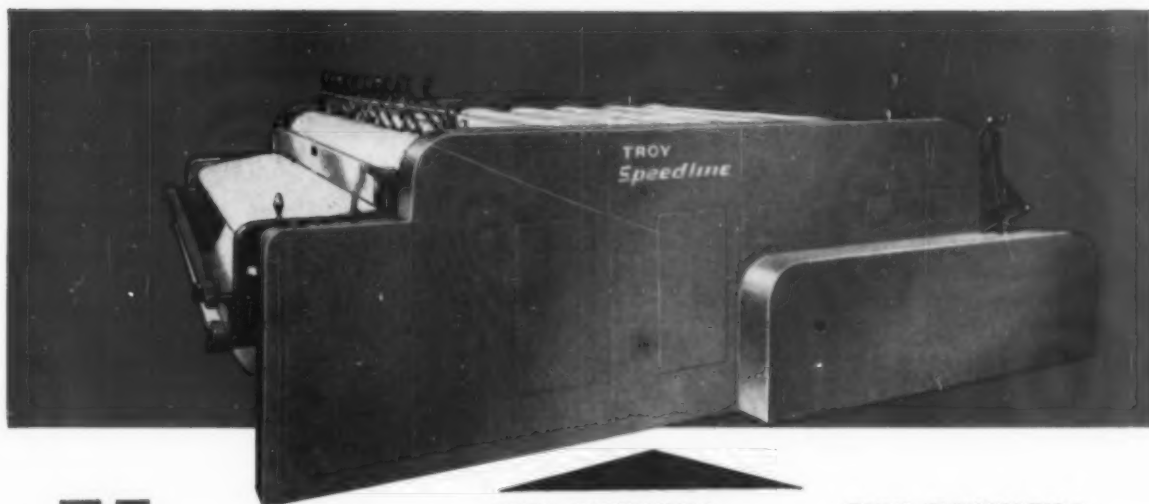
IF YOU WANT THE BEST... BUY RUBENS



Style C791  
Shorty gown with mitten cuffs

Rubens & Marble, Inc. • 2330-2350 N. Racine Ave. • Chicago 14, Ill.  
New York Sales Office • 71 W. 35th Street • New York, N. Y.





# New Troy

## IMPROVEMENTS INCREASE OUTPUT

### TROY SPEEDLINE® IRONER

Now, in addition to greater chest area, oversize rolls, and all-chain drive, SPEEDLINE IRONERS offer these new improvements for even greater output of fine quality work:

- Magnetic Brake and Infinitely Variable Speed Drive — Now included as standard features.
- New Conveyor Ribbons — Replace the lower apron. (This apron still available optionally).
- New Permanently Lubricated, Sealed Bearings — Require no periodic lubrication; reduce machine down time. No bronze bushings.
- New Style Tape Tightners — Automatically adjust tension to keep flatwork traveling smoothly.
- New Streamlined Design — With rounded-off, shield corners, and attractive appearance.

### TROY FLEXIMATIC® AIR JET FOLDER

The original and only linen folder truly *air-operated* . . . the only folder that eliminates complicated, troublesome folding blades. FLEXIMATIC is the only folder offering all of the following features:

- New Low Silhouette Design — Allows the operator to see over the folder to the ironer.
- New exclusive 5 and 6-Lane Models plus 1 to 4-lane models. All of these have individual folding controller for each lane.
- Labor-Saving Stacker — Available as optional accessory; eliminates all employees from receiving end when ironing small pieces.
- New Simplified Mechanical Design — Reduces maintenance; means fewer shutdowns of ironer as well as folder.

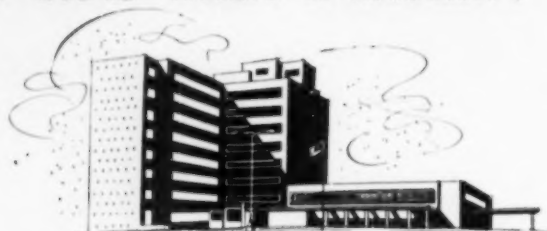
WRITE Dept. MH-1259

**Troy®** LAUNDRY  
MACHINERY  
DIVISION  
American Machine and Metals, Inc.  
EAST MOLINE, ILLINOIS



**Goes where it's sent...**

*Gets there when it should!*



**LAMSON AUTOMATIC AIRTUBES®**  
**bring hospitals low-cost communications**

Lamson Airtubes are on the job 24 hours a day, 7 days a week. Carriers go where they're sent and get there when they should. They relieve your personnel of messenger duties — free your people for the work they are trained to do.

Pictured here is the new \$5,000,000 All Saints Episcopal Hospital in Ft. Worth, Texas. A 20-station Lamson Automatic Airtube System connects Pharmacy, Physical Therapy, Engineering, Dietician, General Office, Medical Records, Surgery, Secretary, General Laboratory and 10 Nursing Stations. Your hospital, new or old, can benefit by the superior communication service Lamson Airtubes supply.

A Lamson Automatic Airtube System is fast, safe and sure. Handles records, X-rays, drugs, lab-samples. Lamson will design for you a custom-tailored system, Lamson engineered and Lamson installed, with one manufacturing responsibility guaranteeing its performance.



PIONEERS the Conquest OF INNER SPACE

**LAMSON CORPORATION**

1201 Lamson Street, Syracuse 1, New York

PLANTS IN SYRACUSE AND SAN FRANCISCO • OFFICES IN ALL PRINCIPAL CITIES

**Write For FREE Lamson Hospital Brochure**



Write today for the Lamson Hospital Brochure—a full sized book giving complete information, comprehensive illustrations and specifications on the hospital use of Lamson Airtubes. Mailed to you without charge, this book permits you to evaluate the many benefits that Lamson Airtube System will bring.

**N.A.A.C.P. Request Raises Issue of No Negro Doctors on Hospital Medical Staff**

CHARLOTTE, N.C. — Staff membership requirements that have the effect of barring Negro doctors from Memorial Hospital here have been challenged by the National Association for the Advancement of Colored People, according to a report in the *Charlotte Observer*.

The problem was brought into sharp focus, the newspaper said, when the N.A.A.C.P. asked immediate admission for Negro patients.

The hospital is committed to admit certain Negro patients when its new wing is completed in 1961. It is the understanding, the report said, that when its new wing opens, Memorial will take critical Negro patients and major surgery such as heart and brain operations. Under a working agreement between the two hospitals, Good Samaritan Hospital would treat the less seriously ill and convalescent Negro patients.

To be a member of the medical staff at Memorial Hospital, a physician must be a member in good standing of the Mecklenburg County Medical Society, the state medical society, and the American Medical Association. According to the state society's Raleigh office, no Charlotte Negroes are members of that society, which offers only "scientific" memberships to Negro doctors.

Spokesmen for the local Negro doctors' group say they will fight the county society membership provision in Memorial's by-laws, the paper reported.

**New Hospital Planned for Anchorage, Alaska**

ANCHORAGE, ALASKA. — Construction of a \$3.5 million hospital, one of Alaska's first major building projects since it attained statehood, has been planned by the Sisters of Charity of Providence, who will operate the 125 bed general hospital here.

The four-story hospital to serve the civilian population of Anchorage and its surrounding area is scheduled for completion by September 1961. It has been designed with all patient rooms located directly across from the nursing station. The architects, Charles Luckman Associates, Los Angeles, explain that this design is intended to reduce the number of nurses needed.



Before Esidrix:  
Weight 176 lbs.

27 pounds lost  
in 19 days;  
ascites and pedal  
edema reduced  
with



pre-eminently effective whenever diuresis is desired  
*Indicated in: congestive heart failure ■ nephrosis and  
nephritis ■ toxemia of pregnancy ■ premenstrual  
edema ■ edema of pregnancy ■ steroid-induced  
edema ■ edema of obesity.*

RECORD OF TREATMENT (At a leading New York City hospital. Photos used with permission of the patient.)

Date	3/3	3/4	3/5	3/6	3/7	3/8	3/9	3/10	3/11	3/12	3/13	3/14	3/15	3/16	3/17	3/18	3/19	3/20	3/21	3/22	3/23
Weight (pounds)	178	176	170	169	167	159	158	158	157	155	155	155	156	154	153	154	153	—	—	151	149
Rx	M*		Esidrix 50 mg.	b.i.d.																	

\*Mercurial diuretic



After 19 Days on Esidrix:  
Weight 149 lbs.

*H. K., 44 years old, with history of heavy drinking. Previously hospitalized in 1954, with diagnosis of Laennec's cirrhosis. Admitted on 3/3/59, patient complained of swollen abdomen, swelling in both legs and exertional dyspnea.*

*Findings: Abdomen enlarged in girth with definite fluid wave; liver palpated 4 fingerbreadths below the costal margin; pedal edema (4+). Patient not in acute distress. Blood pressure, 140/80 mm. Hg; pulse, 112/min.; respiration, 20/min.*

*Treatment: Mercurial diuretic on 3/3 and 3/4, followed by Esidrix, 50 mg. b.i.d., from 3/5 to 3/23 when patient signed out of hospital. Esidrix induced copious diuresis resulting in almost complete disappearance of edema.*

*Supplied: Esidrix Tablets, 25 mg. (pink, scored) and 50 mg. (yellow, scored), bottles of 100 and 1000.*

C I B A  
SUMMIT N. J.

## Paid Donor More Reliable Source for Transfusions, Blood Banks Group Told

CHICAGO. — Professional blood donors who give blood regularly for a fee are likely to be a more reliable source for transfusions than those who donate voluntarily.

This conclusion was presented to a meeting of the American Association of Blood Banks here in November. W. Quinn Jordan, executive director of the Southwest Blood Banks, which conducted a survey of both types of donors, reported on data obtained from a study of more than 12,000 consecutive blood donors.

The study showed that those who gave blood out of friendship or "social pressures" were more likely to supply incomplete or unusable units of blood than were the paid donors.

This was attributed to nervousness on the part of voluntary donors since they were usually less experienced than the paid group. Mr. Jordan said in his paper. When a donor is nervous, he may faint with a drop in blood pressure, or it may be difficult to draw sufficient blood from the vein. An experienced donor, as the majority of



ident, Dr. Tibor Greenwalt, Milwaukee; president, Dr. E. R. Jennings, Long Beach, Calif.; treasurer, Bernice Hemphill, San Francisco, and the new president-elect for 1961, Dr. John R. Schenken, Methodist Hospital, Omaha.

The new officers of the American Association of Blood Banks who took office in November are (left to right): secretary, Dr. John B. Alsever, Southwest Blood Banks, Phoenix, Ariz.; vice pres-

paid donors are likely to be, is more relaxed; therefore adequate blood may be obtained more easily, the report said.

In another paper presented at the meeting, Dr. Bernard Pirofsky described a new technic that promises to simplify cross-matching and greatly facilitate the safe transfusion of blood.

The procedure utilizes an enzyme substance found in the stems of pineapples.

Dr. Pirofsky, who is at the University of Oregon Medical School, de-

scribed the substance, bromelin, as providing "the best solution found so far to problems of cross-matching blood."

With the new technic, exact amounts of blood serum from the recipient and red blood cells from the donor are put in a test tube with a bromelin solution, allowed to stand for 15 minutes at room temperature, and are then spun for 15 minutes in a centrifuge. In case of a positive reaction, disclosing incompatibility, the red cells will clump together.

## CREST Heat-Pruf Faucet Washers LAST LONGER!

- Independent laboratory tests prove it!
- Last from 2 to 10 times longer by actual test!
- Eliminate nuisance and high cost of washer replacement!
- One of thousands of dependable Crest plumbing maintenance products — attested by Master Plumbers!

Try it yourself! Rugged "Pliers Test" proves tough Crest washers can really take it. Severe torture tests will not harm Crest washers.



# FREE CATALOG

Write today for complete 200-page Crest Catalog illustrating over 3,000 Quality Plumbing and Heating Maintenance Specialties.

Gentlemen: At no obligation, please send me a FREE copy of the new Crest Catalog.

Name \_\_\_\_\_ Title \_\_\_\_\_  
Company or Institution \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

**CREST MANUFACTURING COMPANY**  
465 48th Avenue, Long Island City 1, New York



WALL-SAVING  
EASY CHAIR No. 8200

Also available in sectionalized chairs and love seats.

See your dealer or write us for our distributor's name.

# AMERICAN CHAIR COMPANY

MANUFACTURERS  
SHEBOYGAN, WISCONSIN

### PERMANENT DISPLAYS:

Chicago • New York • Miami • Boston • San Francisco

The MODERN HOSPITAL

## Now... Micro-Filtered Air for the No. 1 Croup Tent

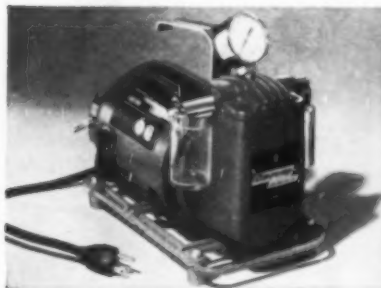
Continuous recirculation of fresh, cool, moisture-saturated air, an exclusive feature of the CROUPETTE®, "is important in the care of babies with lower respiratory infections."<sup>1</sup>

First "cool vapor" croup tent, the CROUPETTE is used in more than 83% of all hospitals in the U.S. accredited for residency training in pediatrics, including all those affiliated with U.S. medical schools. Compact, portable, easy to set up or store, with no moving parts, the CROUPETTE is as simple to operate and maintain as it is clinically safe and efficient.

Now, by means of the new AIR-SHIELDS DIA-PUMP® with MICRO-FILTER, compressed air to operate the CROUPETTE can be kept virtually pathogen-free. Easy to carry, the DIA-PUMP is quiet, oil-free and unconditionally guaranteed for one year.



1. Kirkwood, E. S.: Nursing World 129:8, 1955.



DIA-PUMP compressor (Model EFC), for continuous operation at low cost, delivers MICRO-FILTERED air at controlled positive pressure to 30 pounds per square inch.



Visibility, accessibility and simplicity are CROUPETTE features. Cool, MICRO-FILTERED, moisture-saturated air provides ideal atmosphere for therapy of respiratory infections.

The CROUPETTE and new DIA-PUMP with the unique MICRO-FILTER are compact, and easy to carry.

# The Croupette®

Cool-Vapor and Oxygen Tent by

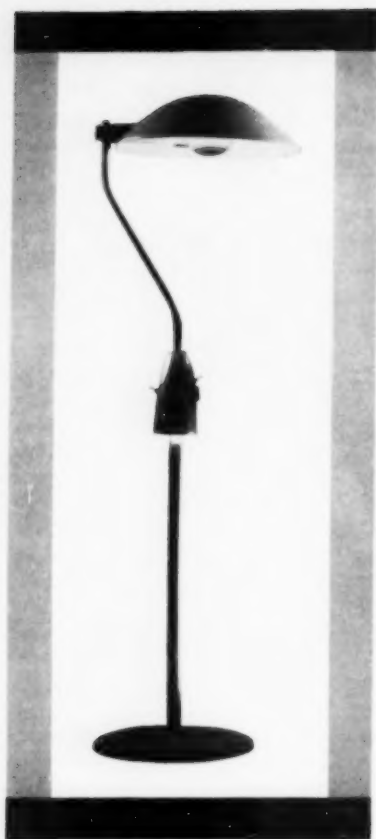
## AIR-SHIELDS, INC.

Hatboro, Pa.

For information and orders (with 30 day return privilege) call collect: OSborne 5-5200, Hatboro, Pa.

Canada: Air-Shields (Canada), Ltd., 8 Ripley Ave., Toronto 3, Ont. Phone: Roger 6-5444.





**kurt versen  
hospitality®  
floor lamp**

Handsome design and durable construction combine to form a lamp preferred by patient and administrator. Reflector dome has no connection to wires, rotates freely to direct light where needed. Movable bulb shield offers selection of direct or indirect light.

Low center of gravity for practically tip-proof performance. Night light and convenience outlet on control housing. Scientifically designed reflector dome offers extremely cool operation and high light output.

Available in two models, standard and adjustable height.

Write for complete information.

**kurt versen inc.**



contemporary lighting for institutions  
ENGLEWOOD 44, NEW JERSEY

**Record Librarians Elect;  
Give New Examining Rule**

MINNEAPOLIS. — Sister Mary Eugene Ramey, director of the school



Sister M. Ramey

for medical record librarians and director of the medical record department, St. Catherine's Hospital, Omaha, was named president-elect of the American Association of Medical Record Librarians at its annual meeting here in October.

Other officers named for the 1959-60 term were: vice presidents, Ann M. Ball, Johns Hopkins Hospital, Baltimore, and Carolina C. Beattie, Johnston-Willis Hospital, Richmond, Va.; secretary, Mary Ann Lacy, Grant Hospital, Chicago, and director, M. Loyola Voelker, U.S. Public Health Service, Baltimore.

The association announced that as of Jan. 1, 1965, eligibility for the registration examination will be closed to all except graduates of approved schools for medical record librarians. In the past, it has been possible to take the examination on the basis of experience plus basic educational requirements.

**Murray Slated To Head  
Washington Association**

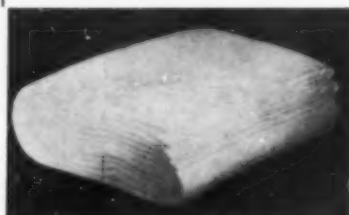
YAKIMA, WASH. — William E. Murray, administrator of Olympic Memorial Hospital, Port Angeles, was chosen president-elect of the Washington State Hospital Association at its annual convention here October 21 and 22.

L. D. McIntyre, administrator of Prosser Memorial Hospital, Prosser, and Valley Memorial Hospital, Sunnyside, was installed as president, succeeding Ray Farwell, administrator of Swedish Hospital, Seattle.

Other officers elected are: vice presidents, Eva H. Erickson, Children's Orthopedic Hospital, Seattle; Sister Francis Xavier, St. Anthony's Hospital, Wenatchee, and Walter L. Huber, Tacoma General Hospital, Tacoma. Alice W. Sandstrom, business manager, Children's Orthopedic Hospital, Seattle, was reelected treasurer.

The spring meeting of the association is scheduled for March 25 at Longview.

**HORNER  
HOSPITAL  
BLANKETS**



**WRITE**

**FOR**

**SAMPLES**

**HORNER WOOLEN MILLS Co.**

**EATON RAPIDS, MICHIGAN**

**Founded 1836**



**THIS  
NEV'R DRIP  
DOLLY...**

**Works Overtime  
To Save Money**

Four big Bassick rubber-tired swivel casters and a super-tough, heavy-gauge steel platform make this sweat-heart of a dolly amazingly versatile. It's a real work-horse in any restaurant or institution and can be used for scores of load-carrying jobs. One-piece drawn steel with rigidly-braced under-carriage. Hauls up to 500 lbs. without strain. Drip-proof, sanitary and a cinch to clean, and quiet, of course.

Ask for this and other work-savers at your favorite Bloomfield dealer. If you do not have a dealer near \$10.95 by, write for your copy of the Bloomfield catalog.

**BLOOMFIELD INDUSTRIES, INC.**  
4546 W. 47th STREET, CHICAGO 32, ILLINOIS



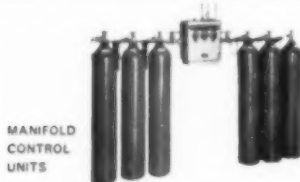
# NCG®

...from installation to inhalation

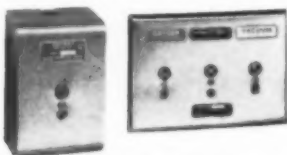
OXYGEN AND  
MEDICAL GASES



BULK INSTALLATIONS



MANIFOLD  
CONTROL  
UNITS

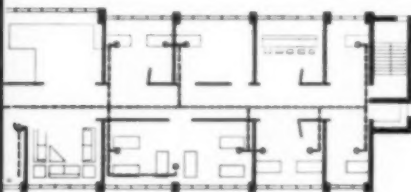


FLUSH AND EXPOSED PIPING OUTLETS

VACUUM PUMPS

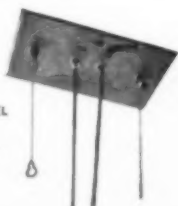


AIR COMPRESSORS



PIPING ENGINEERING SERVICES

HOSE REEL  
CEILING  
OUTLETS



EMERGENCY ZONING VALVES



HOSPITAL  
ALARM SYSTEMS

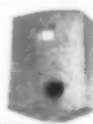
HOSPITAL CONDUCTIVE HOSE



OXYGEN  
FLOWMETERS



INTERMITTENT  
VACUUM REGULATORS



OXYGEN  
TENTS  
AND  
CANOPIES



OXYGEN FACE TENTS



OXYGEN  
THERAPY  
MASKS



EXPENDABLE  
PLASTIC MASKS



CATHETERS, CANNULAS  
AND TUBING



NEBULIZERS



SAFETY HUMIDIFIERS



SUCTION BOTTLE UNITS



OXYGEN ANALYZERS



INTERMITTENT POSITIVE  
PRESSURE  
BREATHING APPARATUS



CONDUCTIVE  
NEOPRENE  
PARTS



PORTABLE  
VACUUM  
UNITS



ELECTROSTATIC  
INDICATORS



EMERGENCY OXYGEN UNITS



RESUSCITATORS



PRESSURE REGULATORS  
AND ACCESSORIES



CYLINDER  
CARRIERS  
AND ACCESSORIES



HOSPITAL  
MAINTENANCE EQUIPMENT



DEODORANTS



**NATIONAL CYLINDER GAS**

DIVISION OF CHEMETRON CORPORATION

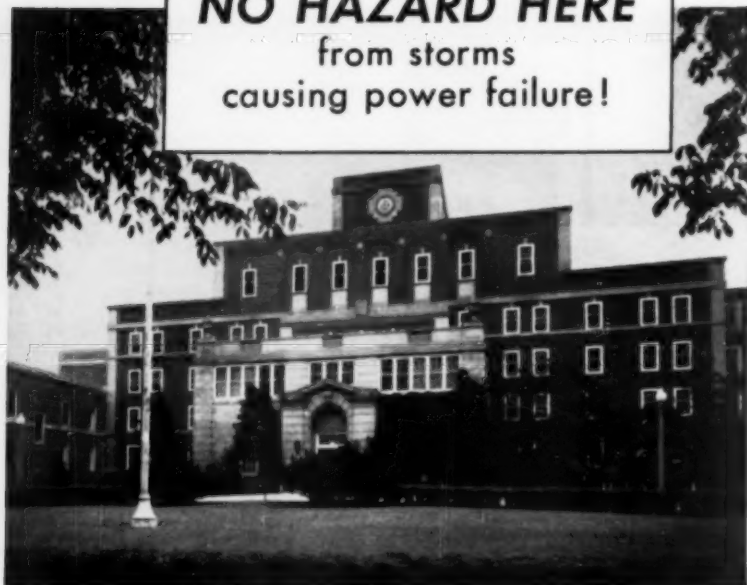
840 North Michigan Avenue, Chicago 11, Illinois

© 1966, CHEMETRON CORPORATION

**CHEMETRON**

## NO HAZARD HERE

from storms  
causing power failure!



## Kohler Electric Plant safeguards Memorial Hospital

A 50 KW Kohler electric plant in this Sheboygan, Wisconsin hospital is ready to take over critical loads automatically—in

emergencies when regular power fails. Equipped with transfer switches and transformers, the plant will supply electricity for 115/230 volt single phase and 230 volt 3 phase normal service—insuring use of equipment vital to patients' care.

Kohler electric plants are thoroughly engineered package units, designed for specific purposes. They have all necessary features for easy installation, quick starting, quiet operation, minimum maintenance. Sizes to 100 KW, gasoline and diesel. Write for folder D-37.

**Model 50R51, 50 KW, 230 volt, 3 phase, AC.**



KOHLER CO. Established 1873 KOHLER, WIS.

# KOHLER OF KOHLER

Enameled Iron and Vitreous China Plumbing Fixtures • Brass Fittings  
Electric Plants • Air-cooled Engines • Precision Controls

## COMING EVENTS

ALABAMA HOSPITAL ASSOCIATION, Dinkler-Tutwiler Hotel, Birmingham, Jan. 21, 22.

AMERICAN ASSOCIATION OF MEDICAL RECORD LIBRARIANS, Olympia Hotel, Seattle, Oct. 10-13.

AMERICAN HOSPITAL ASSOCIATION, San Francisco, Aug. 29-Sept. 1.

ASSOCIATION OF MEDICAL RECORD CONSULTANTS, Morrison Hotel, Chicago, Jan. 21, 22.

ASSOCIATION OF WESTERN HOSPITALS, Statler-Hilton Hotel, Los Angeles, April 25-28.

CAROLINAS-VIRGINIAS HOSPITAL CONFERENCE, Roanoke Hotel, Roanoke, Va., April 21, 22.

CATHOLIC HOSPITAL ASSOCIATION, Municipal Auditorium, Milwaukee, May 30-June 2.

GEORGIA HOSPITAL ASSOCIATION, Jekyll Island, Ga., March 31, April 1.

IDAHO HOSPITAL ASSOCIATION, Elk's Lodge, Boise, Oct. 17, 18.

KENTUCKY HOSPITAL ASSOCIATION, Kentucky Hotel, Louisville, March 29-31.

LOUISIANA HOSPITAL ASSOCIATION, Bellemont Motor Hotel, Baton Rouge, Mar. 24-26.

MARYLAND-DISTRICT OF COLUMBIA-DELAWARE HOSPITAL ASSOCIATION, Shoreham Hotel, Washington, D.C., Oct. 12-14.

MIDDLE ATLANTIC HOSPITAL ASSEMBLY, Convention Hall, Atlantic City, April 27-29.

MID-WEST HOSPITAL ASSOCIATION, Municipal Auditorium, Kansas City, Mo., April 27-29.

NATIONAL GERIATRICS SOCIETY, Deauville Hotel, Miami Beach, May 8-12.

NEW ENGLAND HOSPITAL ASSEMBLY, Statler-Hilton Hotel, Boston, March 28-30.

OHIO HOSPITAL ASSOCIATION, Veterans Memorial Building, Columbus, April 4-7.

SOUTHEASTERN HOSPITAL CONFERENCE, Deauville Hotel, Miami Beach, May 3-6.

TENNESSEE HOSPITAL ASSOCIATION, Peabody Hotel, Memphis, May 26, 27.

TEXAS HOSPITAL ASSOCIATION, Memorial Auditorium, Statler Hilton Hotel, Dallas, May 9-12.

TRI-STATE HOSPITAL ASSEMBLY, Palmer House, Chicago, May 2-4.

UPPER MIDWEST HOSPITAL CONFERENCE, Minneapolis Auditorium, Minneapolis, May 11-13.

WASHINGTON STATE HOSPITAL ASSOCIATION, Monticello Hotel, Longview, March 25.

**LIGHT...BRIGHT...SPIRIT-LIFTING!**



*Collins Memorial Hospital, McKinney, Texas*

...FLOORS OF *Vina-Lux*<sup>®</sup> VINYL ASBESTOS TILE

The constant wear and tear of foot traffic will not dim the beauty of Vina-Lux floors. Tough textured, yet slip-safe and resilient, Vina-Lux mops clean easily and quickly — pays dollar dividends in maintenance savings. Vina-Lux looks better . . . wears better

. . . performs better, at less cost per square foot per year. Vina-Lux . . . in 42 tested colors — in Marble Tones with exclusive *Micromatic veining*,<sup>®</sup> Terrazzo Tones, Cork Hues and Grained Pastels. Samples and color charts are yours without obligation.



**AZROCK FLOOR PRODUCTS DIVISION**  
 UVALDE ROCK ASPHALT CO. • 516 FRONT BANK BLDG. • SAN ANTONIO, TEX.



MAKERS OF VINA-LUX • AZROCK • AZPHLEX • DURACO



At Baptist Memorial Hospital in Oklahoma City...

## ***Patients get around-the-clock comfort every day of the year with Carrier air conditioning***

Rising impressively on the northwest skyline of Oklahoma City, the new Baptist Memorial Hospital follows the modern trend in hospital planning for complete air conditioning... not only in operating rooms, delivery rooms and nurseries, but in all quarters throughout the building.

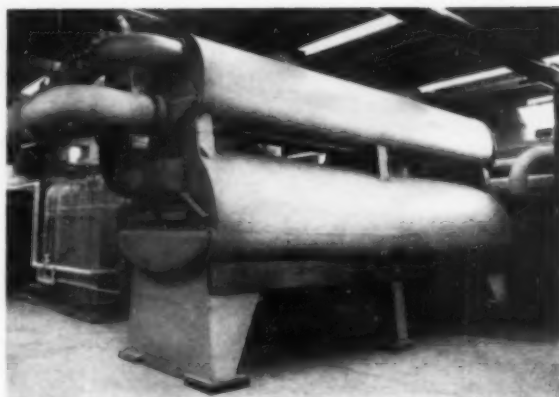
For the patients' rooms a Carrier Modular Weathermaster\* System provides many unique advantages particularly suited to multi-room building applications. There is no recirculation of air to cause cross-contamination between rooms; there are no fans, or motors, or filters in the patients' rooms. The same Weathermaster system with under-window room units provides perfect climate control in each room, independently, and at all seasons. Other Carrier systems, tailored to the specific requirements of the hospital areas served, are an integral part of the overall building plan.

Steam is used for summer cooling as well as winter heating. A central refrigeration plant with a Carrier Automatic Absorption Machine supplies chilled water to the various air conditioning systems throughout the building. This machine operates on low-pressure steam from nearby gas-fired boilers, and as a result, enables the hospital to use the heating plant on a more economical year-round basis.

Scores of modern hospitals are now enjoying the many operational advantages of Carrier Absorption Refrigeration. Chilled water for air conditioning is produced economically from the same boilers normally used for heating and supplying steam requirements for sterilizers, laundry, and other hospital needs the year round.

Carrier can also provide air conditioning to best meet the needs of *your* hospital—old or new. The wide choice of equipment, plus Carrier's broad operating experience in the hospital and institutional field, is your assurance of virtually a custom-tailored installation that will best meet your requirements. For ideas on how Carrier air conditioning can serve your hospital, get in touch with the Carrier office near you. Or write Carrier Corporation, Syracuse 1, N. Y.

\* Reg. U.S. Pat. Off.



This Carrier Automatic Absorption Refrigeration unit supplies 530 tons of cooling from a central location. An electronic data board shows the outside weather, records and controls temperatures and humidity, even tells when the air conditioning filters should be replaced for maximum operating efficiency.



Modular Weathermaster units blend into the restful décor of patient rooms and wards. The climate in this four-bed ward can be "individualized" the year round simply by turning a dial on the unit.





The Baptist Memorial Hospital covers over 167,000 square feet, rises seven stories, and has a 200-bed capacity. It has been planned for orderly expansion in two separate stages. Initially, the capacity can be increased to 400 beds by adding four stories to the present structure, and ultimately, to 800 beds through the construction of an adjoining building.

*Architect and Consulting Engineer:* COSTON, FRANKFURT AND SHORT, Oklahoma City

*General Contractor:* G. E. BASS & COMPANY, INC., Oklahoma City

*Mechanical Contractor:* WATIE WOLFE COMPANY, Oklahoma City

BETTER AIR CONDITIONING FOR EVERYBODY



EVERYWHERE

## Vermont Hospital Administrators, Accountants Elect New Officers



New officers of the Vermont Hospital Association (far left) and of the Vermont Association of Hospital Accountants pose at recent meeting.

### RELIANCE

## Model 25-AA

## ALL-PURPOSE

## STRETCHER

The modern stretcher that offers maximum versatility — Uses include . . . Examination — X-Ray Therapy — Minor Surgery and Emergency Room Service.

Raises and lowers hydraulically 11 inches — for tall or short personnel.

Trendelenberg and Respiratory positions obtainable without strain.

Authorized "RELIANCE" Dealers will be happy to demonstrate these and other models.

**F. & F.**

Manufacturers since 1898

**KOENIGKRAMER CO.**

Dept. MH12, 96 Caldwell Drive,  
Cincinnati 16, Ohio

## Two Vermont Hospital Groups Name Officers

MONTPELIER, VT. — Two Vermont hospital groups elected officers here at their annual meetings during October. The Vermont Hospital Association named Joel Walker, administrator of Barre City Hospital, Barre, president-elect, to succeed Ralph H. Ross, who was elected president. Mr. Ross is administrator of Brightlook Hospital, St. Johnsbury.

Thomas Hennessey, Springfield Hospital, Springfield, was elected secretary, and Frederick A. Hale, Mary Fletcher Hospital, Burlington, was named to another term as treasurer.

Mr. Hale is also the new president of the Vermont Chapter of the American Association of Hospital Accountants. Armand Bouchard of the Vermont-New Hampshire Hospitalization Service, Concord, N.H., was named president-elect during the meeting.

Other officers are treasurer, Maurice Blair, Elliot Hospital, Manchester, N.H.; secretary, Roland Masson, Mary Hitchcock Hospital, Hanover, N.H.

## North Carolina Trustees Told Need To Coordinate

CHARLOTTE, N.C. — Some 150 hospital trustees and administrators gathered here October 21 to consider ways of effecting better coordination of hospital services and facilities.

The need of hospitals and other health agencies to work more closely together was emphasized by Raymond P. Sloan, associate professor of administrative medicine at Columbia University and chairman of the editorial board of *The Modern Hospital*.

"Duplication of services is a contributing factor to high hospital costs," Mr. Sloan stated, "for which the public must pay."



## Curriculum Announced for Newest Course in Hospital Administration

WASHINGTON, D.C. — The curriculum for a graduate program leading to a master's degree in hospital administration has been announced by George Washington University here, which began the program this fall.

"Care is being taken to more than meet the requirements of the Association for University Programs in Hospital Administration," said Frederick H. Gibbs, director of the course, "but the greatest concern is directed to-

ward development of a program with course content, teaching methods, faculty and community involvement which will lead to the kind of hospital administrator most needed."

Work in the program is divided into two phases. The first phase covers course work in general and technical background of hospital administration, administrative theory, practice and problem solving as it relates to hospitals. The second phase is a full year of on-the-job hospital training under supervision, including the written report of a research project.

## Infant Footprints Required in All New York Hospitals

NEW YORK. — Footprints of all newborn babies are now required for identification in all hospitals in the city under a revision of the hospital code which went into effect October 1.

All municipal hospitals have taken footprints for 15 years and 45 per cent of other hospitals already did so, according to a report in the *New York Times*.

Dr. Harold Jacobziner, assistant health commissioner, said the revised code requires that prints of the baby's foot and the mother's fingertips be taken before they leave the delivery room in all 99 hospitals handling maternity cases in the city.

Prints will be kept at the hospitals for 20 years, Dr. Jacobziner said. He added that identification previously required would continue: name bands on the wrists of mother and baby, and labels on bassinets and incubators.

## One-Third of Patients Get Antibiotics, Survey Shows

ANN ARBOR, MICH. — One-third of all hospital patients now receive antibiotics, the Commission on Professional and Hospital Activities reported recently.

Only one in five patients receiving antibiotics was treated after an antibiogram to test the effectiveness of antibiotics in treating organisms found in cultures, the commission found.

Variation in use of antibiotics was large, ranging from less than 5 per cent of patients in one hospital to more than 93 per cent in another. In general the study, as described in *Scope Weekly*, showed use was more common in smaller hospitals.

The commission's estimates are based on the records of 55,000 patients in 87 participating hospitals during January 1959.

## National Institutes Awards \$11 Million in Grants

BETHESDA, MD. — Grants totaling \$11,235,480 have been awarded to help build research facilities in 47 institutions in 23 states and the District of Columbia, the National Institutes of Health announced here recently.

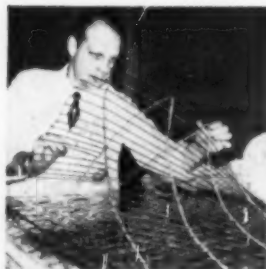
The grants are the first to be awarded under the three-year extension of this program authorized by Congress in 1958.

## HOW TO UPGRADE COMFORT ... CUT REPLACEMENT COSTS!



### Specify "Strength of Steel" Perm-A-Lator WIRE Insulators

Wear tests prove Perm-A-Lator "Strength of Steel" Wire Insulators last  $2\frac{1}{2}$  times longer than ordinary insulators. Comfort tests prove Perm-A-Lators keep padding out of springs permanently—never any "Coil Feel." Specify Perm-A-Lators! Get more-for-the-money value in bedding and furniture!



Perm-A-Lator  
wire insulators



WRITE TODAY for Free "Guide To Buying" Quality Bedding and Furniture



**FLEX-O-LATORS, INC., Carthage, Mo.**  
Plants in Carthage, Mo., New Castle, Pa., High Point, N. C.





PHARMASEAL

PHARMASEAL TUBES  
... THE FINEST



If you were going  
to give or be given  
an enema, you  
would appreciate

# SIGMOL<sup>®</sup>

the non-irritating,  
expendable enema.

Sigmol enemas save  
expensive  
preparation and  
cleanup time  
and improve  
patient relations.

Sigmol is the  
safe enema with  
the longer flexible  
tip nurses and  
patients prefer.

Join the modern  
hospital's march  
to better, less  
expensive  
patient care  
with expenditure.

SIGMOL...  
the finest

Each 120 cc. enema contains:  
Sorbitol Solution N.F.... 43 Gm.  
Diethyl Potassium  
Sulfosuccinate... 0.12 Gm.

PHARMASEAL

PHARMASEAL LABORATORIES  
GLENDALE, CALIFORNIA



## ABOUT PEOPLE

(Continued From Page 90)

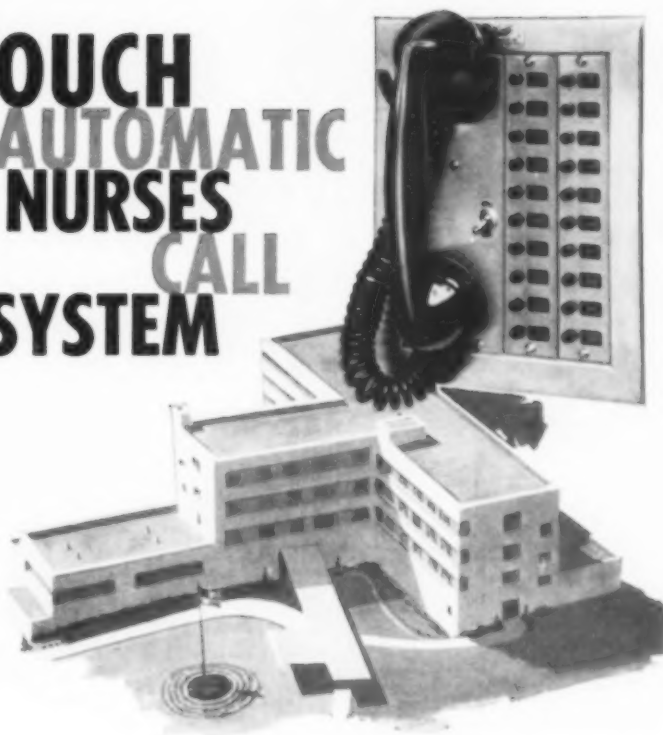
Keith E. Ingbritsen has been appointed assistant administrator of Mercer Hospital, Trenton, N.J. He is a graduate of the University of Minnesota's course in hospital administration and served his administrative residency at University Hospital, Madison, Wis. He succeeds Gordon W. Elliott, whose new appointment was announced by The MODERN HOSPITAL in August. The hospital also announced the appointment of William R. Wilrigs as assistant administrator-controller. He has been associated with the hospital for the last 10 years, starting as a cost clerk. Mr. Wilrigs is a graduate of Rider College and is currently chairman of the accounting practices committee of the New Jersey Hospital Accountants.

Sister Helen Margaret, O.P., has been appointed administrator of Rose de Lima Hospital, Henderson, Nev. She was formerly associate professor and director of the collegiate program of nursing at Barry College, Miami. She has a master's degree in nursing from Catholic University and was actively engaged in hospital administration for six years prior to her appointment to the faculty at Barry College.

John B. Warner has been named administrator of Firmin Desloge Hospital, St. Louis. He succeeds Sister Mary Slementia, S.S.M., who will remain the Sister Superior of the Sisters of St. Mary, associated with the hospital in the special hospital departments and on the nursing service divisions. Mr. Warner has been associated with St. Louis University since 1955, when he was appointed associate director of Firmin Desloge, the main teaching hospital of the university. He was assistant administrator of St. John's Hospital, St. Louis, from 1951 to 1955, and prior to that was administrator of Memorial Hospital, Nashville, Ark. Mr. Warner received a bachelor's degree in hospital administration from St. Louis University. He is a member of the American College of Hospital Administrators and a trustee of the Missouri Hospital Association.

Gerald B. Cole has been appointed assistant director of Lutheran Hospital, Brooklyn, N.Y. He has a bachelor's degree in business administration from Boston University and is a graduate of

# COUCH AUTOMATIC NURSES CALL SYSTEM



## DESIGNED FOR SUPERIOR PERFORMANCE

### Couch U/L approved Nurses Call Systems provide:

- Visual signaling with audio communication
- Fully automatic master stations
- Emergency calls selected ahead of existing calls

### Nylon pull cord stations provide these advantages:

- Automatic or manual reset
- Low maintenance cost and ease of sterilization
- Can be used in oxygen tent
- Break away feature to eliminate station damage

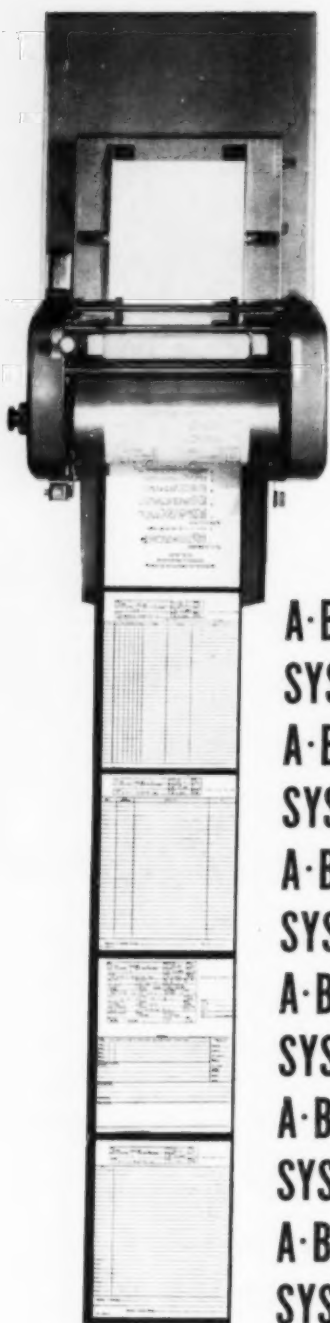
### Optional system features:

- Area paging
- Communication between remote points
- Two systems may be combined for a central operation

Your step-by-step guide to Nurses Call Systems design, available on request, is Couch Bulletin 137



3 Arlington Street North Quincy, Mass.



**A·B·DICK  
SYSTEMS  
A·B·DICK  
SYSTEMS  
A·B·DICK  
SYSTEMS  
A·B·DICK  
SYSTEMS  
A·B·DICK  
SYSTEMS  
A·B·DICK  
SYSTEMS  
A·B·DICK  
SYSTEMS  
A·B·DICK  
SYSTEMS**

Completely CLEAN A. B. Dick Azograph® masters and systems duplicators speed the production of admittance record or other systems paperwork. Thanks to Azograph CLEANLINESS operators and typists make productive use of time previously wasted in removing purple stains from hands, clothes, duplicating equipment.

A. B. Dick systems duplicators operate automatically at 100 copies per minute or on single cycle. Moistening system works automatically without pumping or priming. Unique corner-separator feed system handles lightweight paper or card stock without jamming or feeding doubles. Call your A. B. Dick Company distributor, listed in the yellow pages, for information or a free demonstration. Or mail coupon at right.

**A·B·DICK®**



*Achievement through Innovation*



Consult International Bronze for dignified, permanent bronze plaques. Remember, there's no finer aid to fund raising . . .

**FREE** Illustrated brochure shows hundreds of original ideas for reasonably-priced, solid bronze plaques, nameplates, memorials, etc.

Write today to Dept. 55

INTERNATIONAL BRONZE TABLET CO., INC.  
150 West 22nd St., New York 11, N. Y.

## A·B·DICK SYSTEMS A·B·DICK SYSTEMS

Please send full information about the new A. B. Dick Azograph duplicators.

**A. B. DICK Company**, Dept. MH-129  
5700 West Touhy Avenue  
Chicago 48, Illinois

Name \_\_\_\_\_

Position \_\_\_\_\_

Hospital \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zone \_\_\_\_\_ State \_\_\_\_\_

the University of Chicago Program in Hospital Administration. Prior to accepting his new position, Mr. Cole served as administrative assistant at the Indiana University Medical Center, Indianapolis.

J. Edward Sweet Jr. has been appointed assistant administrator of Huntington Hospital, Huntington, N.Y. A graduate of the Columbia University Program in Hospital Administration, he was formerly on the staff of the School of Public Health and Administrative Medicine, Columbia University, where he was engaged in the New York State Prepayment Study. Mr. Sweet succeeds **Kenneth C. Etcheson**, who is now administrator of Graham Hospital, Canton, Ill.

**Carl A. Brunetto**, former assistant administrator of Niagara Falls Memorial Hospital, Niagara Falls, N.Y., has been appointed assistant administrator of Anne Arundel General Hospital, Annapolis, Md.

### Department Heads

**Norman D. Eckliff** has been appointed purchasing agent for St. Francis Hospital, Evanston, Ill. He was previously purchasing agent at Augustana Hospital, Chicago, for four years. He has a bachelor's degree from Michigan State University. Mr. Eckliff is past president of the Chicago area Hospital Purchasing Agents Association and a director of the national organization.

**Christopher A. Batzer** has been appointed director of public relations at Washington Hospital Center, Washington, D.C. Prior to his appointment he was public relations director for an advertising agency. Previously, he had been a public relations officer with the Maryland Blue Cross.

### Miscellaneous

**Donald J. Jacobs** has been appointed assistant executive director of the Chicago Hospital Council. He has been assistant administrator of Watts Hospital, Durham, N.C. Mr. Jacobs has a master's degree in public health administration from the University of North Carolina and a master's degree in hospital administration from Northwestern University.

**James M. Sitton** has been appointed director of the division of hospital services for the Georgia Department of Health. He succeeds **Dr. R. C. Williams**, whose resignation was announced in *The Modern Hospital* last month.

## SAVE VALUABLE NURSES' TIME



patients cleanse and refresh themselves with  
**Wash'n Dri**  
PREMOIST TOWELETTES

Wash'n Dri packets kept at the bedside save valuable time for nurses and attendants while cutting down on the need for wash basins, soap, washcloths and hand towels. Patients are delighted with Wash'n Dri because they can clean up after meals and feel refreshed throughout the day.

Matchbook sized Wash'n Dri packet opens up to a 6" x 8" towlette saturated with an antiseptic lotion . . . harmless to the most sensitive skin . . . air dries in seconds. Wash'n Dri packets are used in hundreds of hospitals as a new convenience for patients while saving attendants' time and laundry costs. Wash'n Dri are available through:

A. S. Aloe Company  
American Hospital Supply Co.  
Will Ross, Inc.

**Free Samples!**  
Send coupon today for prices and free samples.



**R. R. WILLIAMS, INC.**

Canaan 53, Connecticut

Please send Wash'n Dri samples and prices to

NAME \_\_\_\_\_

HOSPITAL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZONE \_\_\_\_\_ STATE \_\_\_\_\_

*Jones bedpan gives comfort  
like this...   
instead of this... *

**NEW!  
"ANGLE"  
DESIGN**



## Jones 510 stainless steel bedpan makes life easier for both patients and nurses

**More comfort for patients**—Because Jones exclusive "Relax" stainless steel bedpan fits at an angle the patient rests comfortably on its thin, tapered back edge. He's not humped over the pan, which is what happens when an ordinary bedpan is used. The Jones bedpan also is contoured to fit the buttocks and accommodate the coccyx (lower end of vertebral column), keeps it from being pressed uncomfortably against the metal.

**Easier for nurses, helpers to administer**—The Jones "Relax" bedpan is placed between raised knees of patient, depressed into mattress and then simply slid into place without moving the patient. Angle design and rounded sides of bedpan also make it easy to use for patients who are helpless. After patient is rolled on side, bedpan is put into position and patient rolled back in place. Bedpan automatically assumes correct position.



*The Jones "Relax" stainless steel bedpan fits all bedpan washers, is made with a heavy gauge steel that will never wear out. It can be ordered from all surgical supply houses. Just specify the Jones #510 bedpan.*

**THE Jones**  
METAL PRODUCTS COMPANY

West Lafayette, Ohio



# classified advertising

## POSITIONS WANTED

ENT—Resident from Cincinnati General Hospital, California licensed with experience in private practice seeks association with ENT practicing physician on the coastline near San Francisco beginning at August 1960. Apply MW 69, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Ill.



### The Medical Bureau

M. BURNICE LARSON—DIRECTOR

Telephone DElaware 7-1050

#### 900 N. MICHIGAN AVENUE, CHICAGO

ADMINISTRATOR—BS (Business Administration) state college; M.H.A. (Hospital Administration) University program in Hospital Administration 1949; five years, administrator 140-bed hospital; Since 1957, director, 650-bed hospital. Fellow American College of Hospital Administrators; MH 12-8.

#### Our 63rd Year



**WOODWARD MEDICAL PERSONNEL BUREAU**  
FORMERLY ANDERSON  
185 N. Wabash—Chicago, Ill.

Telephone: RAndolph 6-5682

ADMINISTRATOR—MACHA; M.S., Hospital Administration; 2 years, administrator, 55-bed hospital; 2 years, assistant administrator, 265-bed hospital; past 2 1/2 years, associate administrator, 320-bed hospital.

ANESTHESIOLOGIST—Board Eligible; 4 years, anesthesiologist, 2 excellent hospitals; presently associate anesthesiologist, private practice; seeks east or northeast; age 35; immediately available.

PATHOLOGIST—Certified; past 4 years, assistant pathologist, 450-bed hospital; seeks south, southwest or southeast; seeks director of labs, pathology, PA; early 30's.

#### A & G MEDICAL PERSONNEL AGENCY 834 Second Street Lancaster, Pennsylvania

59678—DENTIST; available after January 1, 1960 when military service terminates; prefers association with group or clinic or employment in institution or industry; also positions allied to dentistry; Certified by Penna. Board of Dental Examiners & National Board of Dental Examiners.

59643—NEUROSURGEON; wishes 2 year residency; graduate University of Freiburg; Degree Doctor of Science; published 12 scientific papers.

TERMS: 30¢ a word—minimum charge of \$6.00 regardless of discounts. For "key" number replies add five words. Ten per cent discount for two or more insertions (after the first insertion) without changes of copy. Forms close 15th of month. The Modern Hospital, 919 N. Michigan Ave., Chicago 11, Ill.

#### A & G MEDICAL—Continued

59684—ADMINISTRATOR; graduate London University, England in Public Administration & Hospital Administration at University of Toronto, Canada.

59689—ADMINISTRATOR; graduate Wharton School of Finance; University of Chicago, Graduate School of Business Administration; Harvard Graduate School of Business Administration; hospital residency in administration; served as teaching associate at Harvard & assistant professor of business administration at University of Georgia.

59634—ADMINISTRATOR or CONTROLLER; graduate Carnegie Institute of Technology & Harvard School of Business; background as assistant administrator and methods engineer.

59641—ADMINISTRATOR; graduate Pennsylvania State University; B.S. Psychology & Business Administration; excellent background in personnel and public relations.

59611—ADMINISTRATOR or ASSISTANT ADMINISTRATOR—depending size hospital; graduate Florida State University; B.S. Psychology; military service completed; excellent background with AF Hospital.

59632—PURCHASING AGENT; graduate Amherst College; background as purchasing agent for large professional equipment company and pharmaceuticals.

59636—STATISTICIAN; background includes 7 years experience with Armed Forces as statistician, including cost control.

59686—BIOCHEMIST; 10 years experience in clinical & research laboratories; Master of Science from Estonian & Swedish Universities; will accept position in hospital or field of pharmaceutical manufacturing.

#### INTERSTATE MEDICAL PERSONNEL BUREAU

Miss Elsie Dey, Director  
332 Bulkley Building  
Cleveland 15, Ohio

ASSISTANT ADMINISTRATOR—B.S. Degree; R.N., Pennsylvania; 1955-1956, Program in Hospital Administration; 2 1/2 years business manager, large hospital; assistant administrator.

ADMINISTRATOR—Experienced purchasing agent; 10 years administrator, 100-bed hospital.

ADMINISTRATOR—M.B.A. Degree, 1953; completed administrative residency large midwestern hospital; also experienced controller.

COMPTROLLER—C.P.A.; 2 years accountant; 250-bed eastern hospital; 4 years assistant business manager, 500-bed Ohio hospital.

DIRECTOR, MAINTENANCE SERVICE—Age 43 years; 7 years chief engineer; past 5 years associated with large medical center; available.

HOUSEKEEPER—10 years experience; past 5 years 300-bed Pennsylvania hospital.

PHARMACIST—Chief; M.S. Degree, 1957; 5 years experience; midwest or east.

## POSITIONS OPEN

BUSINESS MANAGER or ADMINISTRATIVE ASSISTANT—B.S.H.A. degree or equivalent in hospital experience necessary; Capitol Hospital (35 beds) Milwaukee, Wisconsin. Address all replies to: Mrs. V. Timm, Secretary to Chairman, Board of Directors, 3944 North 20th Street, Milwaukee 6, Wisconsin.

ANESTHETISTS—Nurse; for 220-bed community hospital; working with private group; two full time M.D.'s, four nurses, all agents and techniques; modernization program going on; two and one-half hours from Boston and New York. Write G. J. Carroll, M.D., William W. Backus Hospital, Norwich, Conn.

ANESTHETIST—Nurse; 190-bed general hospital with new complete operating room suite, needs additional surgical obstetrical anesthetist; salary \$550 plus additional for rotating call; City of 40,000 on Lake Huron and St. Clair River. Apply Administrator, Port Huron Hospital, Port Huron, Michigan.

ANESTHETIST—New 50-bed hospital in southwestern Ohio; general surgery—no OB required; salary open to qualifications; maintenance if desired. Contact Richard C. F. Webb, Administrator, Adams County Hospital, West Union, Ohio.

ANESTHETISTS—Nurse; to complete staff of three for 85-adult bed hospital; situated midway on Pennsylvania Turnpike between Pittsburgh and Harrisburg; famous resort area; salary open, liberal personnel policies. Apply Miss M. Valigorsky, C.R.N.A., Memorial Hospital of Bedford County, Everett, Pennsylvania or telephone Collect—Bedford 633.

ANESTHETIST—Nurse; new and modern surgery, unusually strong and well diversified surgical staff; good opportunity in new 200-bed expanding hospital, college town location; good personnel policies, 40 hour week, 7 holidays, hospitalization, social security. Apply F. J. O'Brien, Administrator, Chambersburg Hospital, Chambersburg, Pennsylvania.

ANESTHETIST—Must be graduate of Accredited School and adept at all types of inhalation and intravenous anesthesia; 170-bed Accredited Central Pennsylvania Hospital; liberal personnel policies. Contact Mr. Richard E. Cummings, Administrator, J. C. Blair Memorial Hospital, Huntingdon, Pennsylvania.

ANESTHETIST—Nurse; female; accredited modern 250-bed hospital; all new surgery wing; department directed by anesthesiologist; starting wage \$500 plus liberal annual increase, three weeks vacation, health insurance, sick leave, retirement plan; American Board surgeons. Apply to Elmer J. Berg, Business Manager, Gunderson Clinic, 1836 South Avenue, La Crosse, Wisconsin.

ANESTHETIST—Experienced; to work in Municipal Hospital; salary and working conditions set forth upon request. Apply City Manager, Box No. 87, Two Rivers, Wisconsin.

DIETITIAN—100-bed, 26 bassinets, general, acute, non-teaching hospital; all new surgery wing; starting wage \$500 plus liberal annual increase, three weeks vacation, health insurance, sick leave, retirement plan; American Board surgeons. Apply to Elmer J. Berg, Business Manager, Gunderson Clinic, 1836 South Avenue, La Crosse, Wisconsin.

DIETITIAN—Therapeutic; ADA, faculty position in 3 year diploma school of nursing, qualified to teach and integrate dietary program, J.C.A.H. 427-bed general hospital, 40 hour week, liberal personnel policies, salary open. Apply Director of Education, San Jose Hospital, San Jose, California.

DIETITIAN—Position being created by opening of 120-bed rehabilitation addition to Iowa Methodist Hospital; excellent opportunity for ADA registered hospital trained  
(Continued on page 180)

# NEW...HILOW RECOVERY BED

by Hill-Rom



**for special needs in recovery rooms  
labor rooms and treatment rooms**

In addition to its basic uses in the post-operative recovery room and labor room, this new Hill-Rom Recovery Bed is also proving highly valuable as an emergency delivery bed, for the treatment of eye cases, head and face injuries, and other cases requiring special therapy.

A manual hilow bed, it may easily be raised to treatment table height, and lowered when indicated to promote patient safety. The head end may be removed to facilitate care of eye cases or head injuries. The foot end is removable so that knee crutches or leg holders may be used on the labor bed.

Full length aluminum side guards are permanently attached to the bed, so that they will be immediately available when needed. Wrap-around bumpers protect walls and door jams. The IV Rod is stored on the bed. Swivel locks and brakes are on opposing 6 inch conductive rubber casters. The Trendelenburg Spring permits easy adjustment to any normally desired position. There are six locations where the IV Rod can be used. The foam mattress is covered with a conductive rubber sheeting.



For complete information on the Hill-Rom Hilow Recovery Bed, write for this booklet.

**HILL-ROM COMPANY INC. • BATESVILLE, INDIANA**

## classified advertising

### POSITIONS OPEN

person; possibility of work in either therapeutic or administrative areas; good pay, liberal benefits. Apply Personnel Director, Iowa Methodist Hospital, Des Moines 14, Iowa.

**DIETITIAN**—Therapeutic; large teaching hospital, 6 units affiliated with Washington University School of Medicine; monthly staff salaries begin at \$300 based on a 40 hour week; due to the need for more professional dietetic hours in the medical center, dietitians are allowed overtime work and are paid at an hourly rate based on monthly salaries; two weeks vacation; social security; Blue Cross. Apply Director of Dietetics, Barnes Hospital, 600 South Kingshighway, St. Louis 10, Missouri.

**DIETITIAN** — Excellent opportunity for ADA registered hospital trained person to direct dietary program in 101 bed JCAH accredited general hospital; dietary department is new with centralized food service; \$5,000 starting salary range, liberal personnel benefits. Please contact Mr. Edward C. Ackerman, Director, Fox Memorial Hospital, Oneonta, New York.

**DIETITIANS**—Staff or therapeutic; ADA approved; needed at once; approved, private, non-profit, 604-bed general hospital; good employee benefits; laundry service and meals; salary open. Apply to Miss Jo Ann Brown, Personnel Director, Akron City Hospital, 525 E. Market Street, Akron, Ohio.

**DIETITIAN**—A.D.A.; faculty position with nationally accredited school of nursing; must be fully qualified; opportunity for individual with initiative and ability to develop and refine program. Contact Director of Nursing, Sewickley Valley Hospital, Sewickley, Pennsylvania.

**DIETITIANS**—Staff; 2; Capitol City's largest and newest hospital; 290-adult beds; opened 1951; centralized food service, selective menu, ADA preferred, no teaching required; \$4,000 starting salary range; liberal personnel policies. Apply Director of Dietetics, Charleston Memorial Hospital, 3200 Noyes Avenue, Charleston 4, West Virginia.

**DIETITIAN**—Administrative; BS Degree in Dietetics; membership ADA; administrative experience required; good working conditions, liberal personnel policies; Write Personnel Office, The Queen's Hospital, P. O. Box 861, Honolulu, Hawaii.

**DIRECTOR**—Medical records department; must be registered or eligible for registration; modern department member of professional activity study; 514-bed hospital; good salary and personnel policies. Write: Mr. J. M. Dunlop, Administrator, Bridgeport Hospital, Bridgeport, Conn.

**DIRECTOR OF NURSING SERVICE**—Present director retiring; well organized department of nursing, enjoys excellent rapport with other departments; J.C.H.A. approved hospital, 289 adult beds, modern plant and equipment; located in picturesque Kanawha Valley; no school of nursing at present; prefer candidate with Master's degree and some experience either as director or assistant; progressive attitude on salary, 3 weeks paid

(Continued on page 182)



© 1959, Huntington Laboratories

## THE BIGGEST CHALLENGE: PATIENT SAFETY

During the recuperative period, a patient in a weakened condition is highly susceptible to the invasion of infectious agents. The hard fact is that the lack of good, old-fashioned sanitation is the root of the alarming cross-infection problem in hospitals today.

This is why so many hospitals are turning to the Huntington Patient-

Safety Program. The concept is simple: cleanliness in all areas and on all surfaces in the hospital with proper products.

The products have come from the research and testing laboratories of Huntington. The knowledge has come from 40 years of experience in hospital sanitation and maintenance.

Wouldn't you like Huntington's help in fighting cross infection in your hospital? Just call our representative, the Man Behind the Huntington Drum. Take advantage of his ideas and experience. Do you have our pamphlet, "A Suggested Plan of Infection Control in Hospitals," yet? Better send for it.



Where research leads to better products...

# HUNTINGTON

HUNTINGTON  LABORATORIES • HUNTINGTON, INDIANA • Philadelphia 35, Pennsylvania • In Canada: Toronto 2, Ontario

# classified advertising

## POSITIONS OPEN

vacation, sick leave accumulative to 30 full and 60 half days; truly a desirable position. Apply MO 293, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

**DIRECTOR OF NURSING, SERVICE AND EDUCATION**—With assistant in each area; 3 year diploma program with college affiliation; 338-bed J.C.A.H. accredited general hospital, expanding to 500-beds in 1961; excellent personnel practices; liberal starting salary. Apply MO 295, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

**DIRECTOR OF NURSING SERVICE**—118-bed JCAH accredited hospital, located in attractive college town on the Ohio River; expansion and modernization program underway; salary open. Apply Director, Marietta Memorial Hospital, Marietta, Ohio.

**DIRECTRESS OF NURSES**—For 170-bed hospital; Central Pennsylvania; salary commensurate with qualifications plus an apartment. Contact Mr. Richard E. Cummings, Administrator, J. C. Blair Memorial Hospital, Huntingdon, Pennsylvania.

**DIRECTOR OF NURSING**—Master's degree in Administration desired; applicant with experience preferred; full responsibility for coordinating the educational program and nursing services; an associate director employed for both programs; 156-bed general hospital; 72 students in the school; salary commensurate with qualifications. Contact Administrator, St. Margaret Memorial Hospital, Pittsburgh, Pennsylvania. Telephone Mayflower 1-3100.

**ASSISTANT DIRECTOR, NURSING SERVICE**—300-bed JCAH accredited hospital including 34 bassinets; NLN fully accredited school, 100 students; affiliate students from Practical Nurse School; B.S. required; experience in in-service educational program desirable. Apply MO 297, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

**ASSOCIATED DIRECTOR OF NURSING EDUCATION**—NLN fully accredited diploma program, school of 125 students, associated with JCAH accredited 350-bed general hospital; M.S. degree preferred; 40 hour week, 4 weeks vacation, sick leave and insurance benefits; salary based upon education and experience. Apply Director, School of Nursing, St. Rita's Hospital, 730 W. Market Street, Lima, Ohio.

**EDUCATIONAL DIRECTOR** — December 1st or earlier, for accredited school of nursing; 270-beds modern, accredited general hospital and teaching institution for interns, residents, x-ray and laboratory technicians; school affiliated with Oberlin College and Metropolitan City Hospital for specialties; progressive community near universities; excellent personnel policies; salary commensurate with degree and experience. Write Director of Nursing, Elyria Memorial Hospital, Elyria, Ohio.

**HOUSEKEEPER**—Executive; male or female; course graduate preferred, some experience, salary open, excellent working condi-

tions; 200-bed Long Island Hospital. Apply MO 296, The Modern Hospital, 919 N. Michigan Ave., Chicago 11, Illinois.

**INSTRUCTOR**—150-bed hospital with a student body of 70 students; modern facilities; located in central Pennsylvania; must have degree; good salary to start; please send background information and salary wanted, to the Clearfield Hospital, Clearfield, Pennsylvania.

**INSTRUCTOR** — Obstetrical nursing; for progressive 3 year diploma program; National League for Nursing recent survey for accreditation; modern 437-bed J.C.A.H. accredited hospital; B.Sc. in nursing and teaching experience required; progressive salary plan and liberal personnel policies; college community, located in beautiful Santa Clara Valley, 50 miles south of San Francisco. Apply Director of Education, San Jose Hospital, San Jose, California.

**INSTRUCTOR**—Clinical; obstetric nursing; 225-bed hospital, J.C.A.H. accredited hospital; N.L.N. provisionally accredited school of nursing; 100 students; post graduate course or B.S. degree and teaching experience required; liberal personnel policies. Apply to Director of Nursing Education, Allen Memorial Hospital, Waterloo, Iowa.

**INSTRUCTORS** — Medical-surgical; fundamentals of nursing; and medical-surgical specialties; 225-bed hospital; N.L.N. provisionally accredited school of nursing, 100 students; B.S. and teaching experience desirable; liberal personnel policies; minimum salary for qualified person \$400 per month. Apply to Director of Nursing Education, Allen Memorial Hospital, Waterloo, Iowa.

**INSTRUCTORS**—Medical & Surgical, Clinical, Nursing Arts and Pediatrics; Degree in Nursing or Nursing Education or equivalent

(Continued on page 184)

UNCONDITIONALLY GUARANTEED

# HOSPITAL SHEETING

OF EVERY TYPE

• all rubber • nylon • vinyl • flannelette

BY  
**PLYMOUTH**



**PLYMOUTH RUBBER COMPANY, INC.**

Largest Rubberizers of Cloth in the World  
CANTON, MASSACHUSETTS

### ✦ RUBBERIZED heavyweight COATED SHEETING

Double coated hospital sheeting. Guaranteed to comply with all the requirements of CS TS-3551a as issued by the National Bureau of Standards and Federal Specification ZZ-S 311A.

### ✦ ELECTRIC CONDUCTIVE SHEETING

Double coated fabric. Conforms to specifications of National Fire Protective Association. Color: black, .020 thickness.

### ✦ WONTARE HEAVYWEIGHT PLASTIC

The most durable type of unsupported heavyweight vinyl sheeting. Soft, flexible. Will not crack or stick whether wet or dry. Can be sterilized. Color: maroon.

Available in 25 and 50 yard rolls.

In stock at your Surgical Supply Dealer, or write





COLGATE BEAUTY WHITE

MEETS RIGID HOSPITAL REQUIREMENTS  
BECAUSE IT IS "TAILOR-MADE"  
FOR HOSPITAL USE.

HARD MILLED FOR UTMOST ECONOMY,  
THIS MILDLY FRAGRANT BATH SOAP GIVES  
ABUNDANT LATHER IN ALL TYPES OF WATER.

NEXT TIME, SPECIFY BEAUTY WHITE.  
YOUR PATIENTS WILL APPRECIATE IT  
—AND YOU'LL SAVE MONEY!



COLGATE-PALMOLIVE COMPANY, 300 PARK AVENUE, NEW YORK 22, N.Y.  
ATLANTA 5, GA. • CHICAGO 11, ILL. • KANSAS CITY 11, MO. • OAKLAND 12, CALIF.



# classified advertising

## POSITIONS OPEN

in experience and education required; expanding, progressive school of nursing with National accreditation; starting salary \$345-400 depending upon qualifications. Contact Director of Nursing, Sewickley Valley Hospital, Sewickley, Pennsylvania.

**MISCELLANEOUS NURSING** — Psychiatric Nursing Wanted: Registered Nurse for assistant director in nursing education, with Masters Degree in Psychiatric Nursing, or Bachelors Degree and experience in Teaching Psychiatric Nursing; salary based upon experience and education; maximum \$9,900. Registered Nurse for supervisory position for 3:00 P.M. to 11:00 P.M. shift; salaries depend upon experience and education. Write Hazel J. Ammons, R.N., B.S., Director, Nursing Service, Mental Health Institute, Cherokee, Iowa.

**NURSE**—Registered; general duty, obstetrical experience desirable; salary \$325, differential evenings, nights; yearly vacation; low rental housing; employment for husband usually available; excellent schools. Write Administrator, Bagdad Hospital, Bagdad, Arizona.

**NURSES**—Staff; positions in all clinical areas including psychiatry and respiratory center in new 800-bed air-conditioned hospital; 40 hour week; 3 weeks vacation annually; sick leave; beginning salary \$300 monthly; periodic increments; opportunity for college study through bachelor's degree program. Write Director of Nursing Service, Eugene Talmadge Memorial Hospital, Medical College of Georgia, Augusta, Georgia.

**NURSES**—Registered; operating room and general duty for 350-bed hospital in western suburb, 16 miles west of Chicago's loop; starting salary for experienced operating room nurses \$350; starting salary for general duty \$325; differential of \$15 for P.M. and night shifts; compensation of \$2 a day for weekend duty, 6 paid holidays and other liberal benefits. Apply Mrs. Strong, Personnel Director, Memorial Hospital, Elmhurst, Illinois.

**NURSES**—General duty; small but active 21-bed hospital located in a friendly community; liberal personnel policies, 40 hour week; delightful dry climate most of the year. Write to Director of Nursing, St. Joseph Hospital, Clayton, New Mexico.

**NURSES**—Staff; female; supervisors and general duty, neurosurgical and medical wards, 40 hours, 5 day week, 1 month vacation after 1 year, no rotating shifts; salary based on qualifications and experience. Apply St. Barnabas Hospital, 183rd Street & 3rd Avenue, New York 57, New York. CY 5-2000

**NURSES**—Operating room; for expanding 407-bed general hospital located on the Long Island Sound just 45 minutes from the heart of New York City; starting salary \$315 plus 2 meals per tour, semi-annual increases for 3 years; \$15 bonus paid for each stand by and call night; paid vacation according to tenure up to 28 days, 8 paid holidays, paid sick time, social security; scholarship aid available for continued collegiate study. Apply Operating Room Supervisor, New Rochelle Hospital, New Rochelle, New York.

**NURSES**—Registered; immediate openings; 30-bed general hospital located in the beautiful Blue Mountains of Eastern Oregon; starting salary \$350 per month; 40 hour week, sick time and vacation allowances. Apply Superintendent of Nurses, Blue Mountain General Hospital, Prairie City, Oregon.

**NURSES**—Registered; 200-bed general hospital, near Boston; graduate study, cultural advantages; live-in, optional. Apply Director of Nursing, Woonsocket Hospital, Woonsocket, Rhode Island.

**NURSES**—Registered; for 50-bed general hospital; approximately 7,000 population; 48 hour week, 2 weeks paid vacation after one year; sick leave, holidays, liberal personnel policies; nurses residence available; starting salary \$325 a month and full maintenance. Write Administrator, Coon Memorial Hospital, Dalhart, Texas.

**PHYSICAL THERAPIST**—Staff; fully approved 60-bed orthopedic hospital, predominantly crippled children; female with minimum two years experience required; vacation with pay, sick leave, insurance benefits; starting salary \$4800, maximum \$6300. Apply Administrator, Marmet Hospital, Marmet, West Virginia.

**PUBLIC RELATIONS AND FINANCE OFFICER**—wanted to solicit funds for endowment and operation of 300-bed general hospital, to promote hospital through church conference, to prepare and publish hospital literature, to work with foundations, industry, etc. on potential gifts; located in the heart of the Blue Grass of Kentucky; 100,000 population; university and colleges; salary open, depending upon qualifications and experience. Write W. S. Murphy, Administrator, Good Samaritan Hospital, Lexington, Kentucky.

**SUPERINTENDENT**—Assistant; east; responsible for direction of non-professional departments; must have sound hospital account.

(Continued on page 186)



## Designed to fit YOUR requirements

### EXPANSION PLANNED X-RAY STEEL FILE CABINET

Illustration at left consists of:

2—X-Ray Files No. 704-60 and 1—3" Base.

Accommodates X-Ray envelopes 17½" x 14½".

Shipping weight 33 pounds per unit.

25½" w. x 15½" h. x 18" d. outside dim.

### A TYPICAL X-RAY FILING ROOM



**R**ecord File's especially designed X-Ray file has been engineered to fit your present space and capacity requirements... then, when needed, additional units can be added in minutes! It's expansion planned to meet small and large X-Ray filing needs.

The basic unit features six compartments 4" wide, 15" high and 17¾" deep to accommodate X-Ray envelopes 17½" deep by 14½" high. Dividers are welded in for maximum strength under capacity loads and eliminate need for additional dividers. Units securely lock together in minutes... no tools required.

For further information on these and other filing units, write to:

**RECORD FILES, INC. — WOOSTER, OHIO**



*after surgery...*

apply a bacterial barrier  
against resistant Staph.

## **AEROPLAST®** surgical dressing

shuts out *Staphylococcus aureus*—and *all other* contaminants—with the speed of a spray . . . with the strength of plastic. The sprayed-on Aeroplast film forms a transparent occlusive barrier which provides “a window on the wound” permitting visual inspection at any time . . . yet protects the incision against contamination and irritation from exudates, urine and feces. Aeroplast’s yellow tint helps to define the area dressed . . . aids in controlling application.

*Literature is available on request.*

New 16 mm. color-sound film:  
“*The Use of Aeroplast Dressing  
in Surgical Wounds,*” is available  
for showings on request.

12 OZ.      3 OZ.      6 OZ.



*Rx is not required.*



CORPORATION, 480 Dellrose Avenue, Dayton 3, Ohio

®Aeroplast — U. S. Pat. No. 2,804,073

## SANITARY and SALUTARY



BERKELEY

Buy-words for modern  
hospital food service  
and . . .

## SYRACUSE *China*

Syracuse is high-fired, vitrified china fused to a lustrous steel-hard glaze to prevent cracking and crazing . . . resist chipping and breaking . . . protect against scratches and absorption of bacteria . . . withstand extreme heat without harm to surface or decoration. Really hospital clean—as only china can be!

And only Syracuse offers such a host of beautiful patterns and shapes . . . china that enhances food appeal, insures fuller measure of meal-time pleasure and helps speed patient recovery. Truly salutary, really sanitary!

Investigate these and many other important benefits-in-use of famous Syracuse China. Write today for color brochure of Syracuse's "Hospitality Group" of stock patterns including the new space-saving "Trend" shape shown above.



**SYRACUSE CHINA CORP.**  
SYRACUSE 4, N. Y.

## classified advertising

### POSITIONS OPEN

ing background with experience in credit and collections; liberal vacation, sick leave, and fringe benefits; salary open. Apply to MO 261, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

**SUPERVISOR**—Obstetrical; for 400-bed general hospital completing large addition; fully approved by Joint Commission; intern resident program, fully accredited school of nursing, salary open; liberal benefit program; 4 weeks vacation. Apply Personnel Director, Christ Hospital, Cincinnati 19, Ohio.

**SUPERVISORS**—Excellent opportunities for qualified nurses, in new 200-bed wing to open with extensive clinic facilities modern equipped; fully approved by Joint Commission; intern-resident program fully accredited school of nursing; liberal benefit program, 4 weeks vacation. Apply Personnel Director, Christ Hospital, Cincinnati 19, Ohio.

**SUPERVISOR**—Obstetrical; modern 40-bed hospital 60 miles from Minneapolis-St. Paul; to take care of labor room, delivery room, and nursery; 40 hour week; liberal personnel policies; salary open; position open November 1. Write or telephone Hospital Administrator, Apple River Valley Memorial Hospital, Amery, Wisconsin, Telephone Congress 8-7151.

**TECHNICIAN**—Laboratory; Western New York area; A.S.C.P. membership desirable but not essential; in applying give qualifications and references; liberal vacation, sick leave and fringe benefits; salary open. Apply to MO 274, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

**TECHNICIAN**—X-ray; for modern 29-bed hospital; medical staff of three doctors. For further details write Jack Freese, Faulk County Memorial Hospital, Faulkton, South Dakota.

**TECHNOLOGISTS**—Medical; Modern 260-bed, Cumberland Valley Hospital, fully approved; college town; 40 hour week and usual fringe benefits; automatic annual increments, salary open. Apply F. J. O'Brien, Administrator, Chambersburg Hospital, Chambersburg, Pennsylvania.

**TECHNICIAN**—ASCP Registered laboratory; wanted by 100-bed hospital; Apply G. N. Wilcox Memorial Hospital, Lihue, Kauai, Hawaii.

Our 63rd Year



**WOODWARD MEDICAL PERSONNEL BUREAU**  
FORMERLY A.N.P.O.  
185 N. Wabash Chicago, Ill.

Telephone: Randolph 6-5682

**ADMINISTRATORS**—(a) Prefer FACHA; 200-bed general hospital; excellent nurses training & cancer program; cooperative Board; \$15,000; Texas. (b) New proprietary, general hospital; \$18,000; \$20,000 home;

(Continued on page 188)

# P.S.S.T.!



## LOOK OVER THERE

### AT SOME INTERESTING AND IMPORTANT INFORMATION

After you have read it, why not  
tear out the page and pass it on to  
your chief surgeon, housekeeper  
and your purchasing department.

*They'll all be glad you did.*



THIS WING  
MADE POSSIBLE THROUGH  
THE GENEROSITY OF  
MR. & MRS. EDMOND HILSEN  
IN HONOR OF THEIR PARENTS  
1955

## HOSPITAL PLAQUES ATTRACT LARGE DONATIONS...

through permanent and  
dignified recognition

For most in appeal, least in cost,  
and best for your hospital — from  
smallest doorsign to biggest building  
facade letters in bronze or aluminum  
— look to United States Bronze.  
Write for special catalog with  
fund-raising suggestions.



**UNITED  
STATES  
BRONZE  
Sign Co., Inc.**

Free  
design  
service.

Dept. MH, 101 W. 31st Street, New York 1, N.Y.

The MODERN HOSPITAL

# Here are *answers* to some frequent *questions* about conductive floors for operating room safety

**Q.** *What makes a Conductive Floor electrically conductive?*

**A.** In general, conductivity is accomplished by the presence of special "conductor agents" in the floor material. Carbon is a popular "conductor" in some floor materials. With terrazzo and magnesite, the "conductor" is incorporated in the binder.

Composition type floor coverings are usually laid over a grid of thin copper strips which is connected to a ground.

**Q.** *Are Conductive Floors required by law?*

**A.** Hospitals receiving construction grants under Public Law No. 725 must install Conductive Floors. Under this law, the Public Health Service specifies minimum allowable areas of Conductive Floor in delivery rooms, major and minor operating rooms, etc.

As the result of a number of fatal operating room explosions, state fire marshals and other interested government officers, as well as national fire protective underwriters, all encourage conductive floors and equipment in hospital operating rooms.

**Q.** *What is the best source of recommendations and suggested specifications for Conductive Floors?*

**A.** The National Board of Fire Underwriter's booklet, (N.B.F.U. No. 56), gives "RECOMMENDED SAFE PRACTICES FOR HOSPITAL OPERATING ROOMS." It is the most comprehensive data published on this subject.

**Q.** *Can a Conductive Floor lose its conductivity?*

**A.** Yes, particularly conductive floors of terrazzo and magnesite where continued mopping and scrubbing "bleed away" the conductor agents.

**Q.** *Does regular mopping and scrubbing have any other bad effects on a Conductive Floor?*

**A.** "Bleeding away" of the soft conductor agents tends to make the floor porous—leaving pits which are ideal breeding places for bacteria.

**Q.** *Can this loss of conductivity and tendency to "pit" be halted?*

**A.** Yes.

**Q.** *How?*

**A.** By using Holcomb Conductive Floor Wax.

**Q.** *What is Holcomb Conductive Floor Wax?*

**A.** It is a liquid water-emulsion floor wax, developed by Holcomb from nine years of research and testing on all types of Conductive Floors under a variety of severe usages. It contains a special conductor ingredient which makes the wax electrically conductive.

**Q.** *What protection does this wax give the floor?*

**A.** Holcomb Conductive Floor Wax provides a tough, durable surface film which is highly water resistant and capable of withstanding the repeated cleaning which operating room floors get. It seals in the floor's natural conductivity—fills any pores—gives the floors a velvety, long-lasting, slip-resistant fully conductive sheen.

**Q.** *What other advantages are there in using Holcomb Conductive Floor Wax?*

**A.** This wax makes the maintenance of the conductive floor far easier, less time consuming and much less costly. It keeps operating room "spillage" on top of the tough wax film where it is easy to mop up . . . prevents such "spillage" from seeping down into the pores of the floor where it is difficult and time-consuming to scrub out.

**Q.** *Can Holcomb back up all these claims?*

**A.** Holcomb Conductive Floor Wax has been subjected by the Underwriters Laboratories to a variety of severe tests included washing with detergent, exposure to common antiseptics and protracted exposure to low relative humidity.

As a result of these tests the Underwriters Laboratories says, "The wax does not adversely affect the resistance of the electrically conductive flooring and

therefore conforms to the recommended safe practice of the N.B.F.U. for hospital operating rooms."

On the subject of stability, the report states, "The floor wax . . . is judged unlikely in service to undergo changes resulting in increases of overall electrical resistance which would prevent dissipation of electrostatic charges . . ."

" . . . has a slip-resistance characteristic greater than the minimum acceptable value."

**Q.** *How is Holcomb Conductive Floor Wax applied?*

**A.** Like any water-emulsion wax—in thin coats with a chenille or sheep's wool applicator or a short strand cotton mop.

**Q.** *Will an excess of the wax reduce the conductivity of the floor?*

**A.** While this is a possibility, the Holcomb Research Laboratory and the Underwriters Laboratories have been unable to detect any change in the conductivity of a floor that is protected by this wax. However, with good floor maintenance procedure excessive thickness will not occur.

**Q.** *Will Holcomb Conductive Floor Wax make a non-conductive floor into a conductive floor?*

**A.** No.

**Q.** *What is the most effective way to clean a floor waxed with Holcomb Conductive Floor Wax?*

**A.** With Holcomb CHEMAGIC, a synthetic detergent approved by Underwriters Laboratories as a safe cleaner for Conductive Floors. A stronger solution of CHEMAGIC is recommended for "stripping" the wax from the floor.

**Q.** *How can a hospital obtain an actual demonstration of the effectiveness of the wax on its own Conductive Floors?*

**A.** By asking the Holcombman in your area whose name we will be happy to furnish you upon request.

**Q.** *When would be a good time for such a demonstration?*

**A.** The sooner the better.

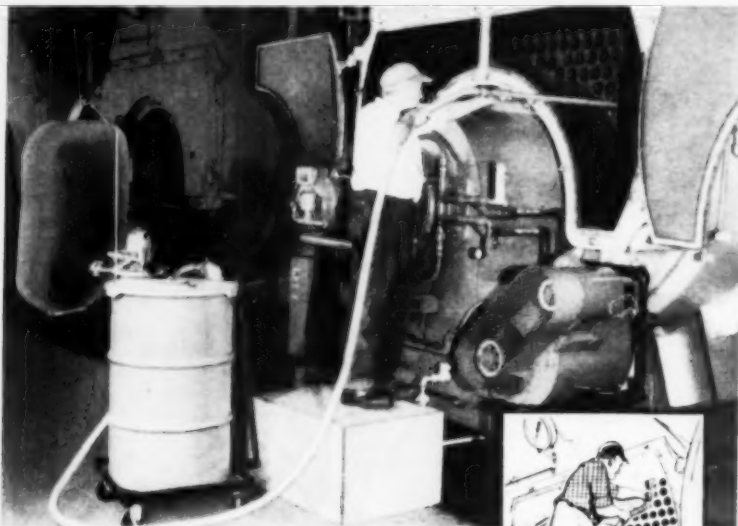
Holcomb Conductive Floor Wax is one of more than 300 Scientific Cleaning Materials from the Holcomb Research Laboratory designed to reduce the cost, labor and drudgery of building maintenance. Let your nearby Holcombman show you how many of these products can be of special help to you.

**J. I. HOLCOMB MFG. CO., INC.**  
INDIANAPOLIS 7, INDIANA

Hackensack • Dallas • Los Angeles • Toronto



# HOSPITALS CUT FUEL BILLS WHEN BOILERS ARE CLEANED WITH **TORNADO**.



## SAVINGS OF 25% UP TO 40% WITH THIS NEW METHOD OF BOILER CLEANING

Take a look at your fuel bills and imagine what it would mean if you could save 25% or up to 40% of this cost.

The new Tornado Method of Boiler Cleaning with a Tornado Jumbo Vac can mean this savings to you. What's more, boiler cleaning becomes an easy task for anyone when Tornado is on the job.

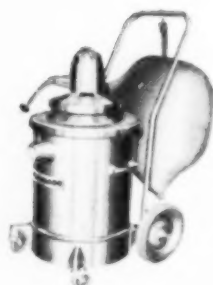
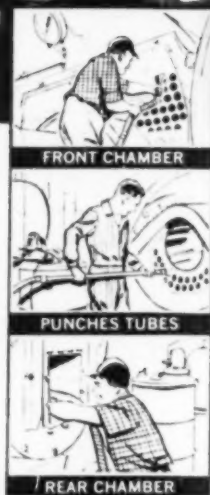
Tornado Jumbo Vacs fit right on any standard 55 gallon drum. Complete attachments and a 4 wheel dolly are available.

WRITE FOR BULLETIN 951  
"TORNADO METHOD OF BOILER CLEANING"

## **TORNADO 400**

THE VERSATILE VACUUM  
CLEANER OF MANY USES

This famous wet or dry pickup vacuum cleaner has a removable motor unit that can be removed to make a blower or pac carried vacuum cleaner. Available in 3 motor sizes, this powerful machine does every cleaning job better and faster. WRITE FOR BULLETIN 894-A



# **BREUER** ELECTRIC MFG. CO.

5112 NORTH RAVENSWOOD AVENUE, CHICAGO 40, ILLINOIS

## classified advertising

### POSITIONS OPEN

#### WOODWARD—Continued

car; Bay area, California. (c) 95-bed, general, voluntary, JCAH hospital (recent \$1,000,000 expansion & improvement); \$10-12,000; New England. (d) Assistant medical director; purely administrative work; association 4 M.D.'s; well-recognized, protective organization; \$12-14,000, fringe benefits, midwest. (e) Assistant; experienced; 125-bed hospital; \$7200; 40 hour week; rapid increases; large city, midwest. (f) Assistant; 430-bed, fully-approved hospital; about \$9,000; California.

ADMINISTRATIVE PERSONNEL:—(g) Accountant; prefer CPA; able to travel; 400-bed, general, voluntary, fully-approved hospital; east. (h) Personnel Director; 440 persons, hospital center; about \$7,000; large city, southwest. (i) Personnel Director; 250-bed, JCAH general hospital; university & college city 200,000; salary open; midwest.

DIRECTOR OF NURSES:—(j) Full responsibility nursing service, 175-bed, general hospital, new facility to be constructed 1960; no school; to \$7000; lovely eastern city 25,000. (k) Supervise over 100 in busy nursing service department, 250-bed, general hospital; suburban city, important university medical center; midwest.

EDUCATIONAL DIRECTOR:—(l) Chairman, collegiate department, coordinate newly formed program, full faculty approval; small college, south. (m) Assistant; fully-approved, general hospital 300 beds; midwestern city, 50,000.

EXECUTIVE HOUSEKEEPERS:—(n) Full-charge department, including training programs; 600-bed, general hospital, large out-patient service; east. (o) New, 400-bed, general hospital opened summer 1959; large university center; southwest.

NURSE ANESTHETISTS:—(p) Join 2 in busy department, 100-bed, general hospital, active medical staff; \$8400; small Texas community. (q) Staff of 3 in department, 200 bed approved general hospital; to \$6800; Southern city 20,000.

PHARMACISTS:—(r) Chief; duties include teaching student nurses, practical nurses; fully approved general hospital, 250-beds; \$7200; Southeastern college city. (s) Chief; staff of 8, fully-approved, 300 bed general hospital, active out-patient departments; capital city, southwest.



**The Medical  
Bureau**

M. BURNEICE LARSON—DIRECTOR

Telephone DElaware 7-1036

900 N. MICHIGAN AVENUE, CHICAGO

ADMINISTRATORS:—(a) Administrator, hospital expanding facilities to accommodate 600 people; also apartments to be built involving large-scale housing project on 43 acres of land; university city, midwest. (b)

(Continued on page 190)





## PIONEER on Every Hospital Hand

In addition to its long-life line of Rollpruf Surgical Gloves, Pioneer makes other glove styles, weights and materials to protect every hand at work in your hospital. Your Pioneer Glove Expert can show you new ways to achieve maximum glove economy by using the complete Pioneer Hospital Glove Line. The coupon at right entitles your hospital to a free Glove Handling Analysis by Pioneer experts, to insure the efficiency of your glove usage.

### Free Glove Handling Analysis

Requested by \_\_\_\_\_  
 Title \_\_\_\_\_  
 \_\_\_\_\_ Hospital  
 City \_\_\_\_\_ State \_\_\_\_\_

The **PIONEER** Rubber Company • 350 Tiffin Road, Willard, Ohio

# classified advertising

## POSITIONS OPEN

### MEDICAL BUREAU—Continued

Administrator; 200-bed general hospital; in addition, 75-bed tuberculosis branch; large city, Texas; \$15-18,000. (c) Assistant director; 400-bed hospital; Chicago. (d) Medical Director, important educational organization; preferably an internist, experienced in medical practice or public health work; able to write with ease and speak in public is important; \$15,000, travel expenses (e) Medical Director for private diagnostic referral clinic to be established quite soon; preferably FACP and Diplomate of the American Board of Internal Medicine; university city; east, \$20,000. (f) Administrator, 400-bed hospital, medical college association; nursing school; large city, east. (g) Assistant Administrator, 300-bed hospital, Arizona, \$7,500. MH 12-1

**ADMINISTRATIVE PERSONNEL**—(a) Controller, to head department in 4 hospitals having combined capacity of over 1000-beds; within 20 miles radius, New York City. (b) Personnel Director; direct department serv-

### MEDICAL BUREAU—Continued

ing eight hospitals all within 200 miles; some travel; south; \$8500-\$9000. (c) Superintendent, buildings and grounds, 400-bed hospital, town of 60,000, Ohio. (d) Food Service Director, 300-bed hospital, Indiana, \$7000. MH 12-2

**ANESTHETISTS**—(a) Only one on staff; 50-bed hospital, Ill. \$8400. (b) California, L. A. and San Francisco large hospitals; straight days if desired, to \$6000 (c) OB; 270-bed hospital Lake Michigan; \$550; also Florida \$550. (d) Join staff 600-bed hospital; commute N.Y.C. \$6000 up. MH 12-3

**DIRECTOR OF NURSES**—(a) Director, nursing service and school, 250-bed hospital; N.L.N. school 125 students; Pacific Northwest; \$8000, maintenance. (b) Director of nurses; 150-bed hospital near Chicago; 70 students; excellent opportunity, \$7500. (c) Director nursing service, 500-bed renowned hospital, Ohio; \$8000. (d) Nurse capable organizing collegiate school to open fall 1960; southwest; \$7-8000. MH 12-4

**DIETITIANS**—(a) Act as training director for company employees in therapeutic diets, Michigan \$8-10,000. (b) Dietitian; 50-bed hospital near Chicago; need not be A.D.A., \$550. (c) Dietitian; manage department, 85-bed modern hospital, wealthy oil center, Texas; good salary. MH 12-5

**EXECUTIVE HOUSEKEEPER**—(a) Manage large department, 600-bed hospital; \$7500-\$8500; midwest. MH 12-6

**MEDICAL RECORD LIBRARIANS**: (a) Chief for most modern Southern California hospital; must have strong administrative ability to head busy department; \$6000 up. (b) Director, 800-bed hospital, 3 units; 12 on staff; nation's most cosmopolitan city; \$6000 up; (c) Chief, excellent opportunity reorganize department 300-bed hospital; co-operative medical staff; commute N.Y.C.; minimum \$600 start. MH 12-7

### A & G MEDICAL PERSONNEL AGENCY 834 Second Street Lancaster, Pennsylvania

**RADIOLOGIST**—Opportunity in Hawaii; immediate placement.

**PSYCHIATRIST**—1700-beds; Mental Hospital; salary to \$20,000; hospital will pay travel expenses for interview.

**EDUCATIONAL SECRETARY**—For Board of Nurse Examiners; board will pay expense of personal interview.

**ADMINISTRATOR**—Female; salary with full maintenance; west.

**INSTRUCTOR**—O. R. nursing; ability to demonstrate advanced operating room procedures.

**INSTRUCTOR**—Surgical nursing; three year professional program; affiliation with University; minimum requirement Bachelor's Degree in Nursing or Nursing Education; salary depends on applicant's experience.

**BACTERIOLOGIST**—PhD level; immediate opening salary high; east.

**ANESTHETIST**—Nurse; specialty hospital; salary \$600 month; Virginia.

**DIRECTOR OF EDUCATION**—To head and establish a school of practical nursing; salary \$600; east.

**EXECUTIVE HOUSEKEEPER**—200 beds; California.

**PEDIATRICIAN**—Practice available due to death of pediatrician 35 years of age; details of office space, practice and hospital staff privileges can be worked out; California license necessary.

(Continued on page 192)

## A PUSH BUTTON FULL STRENGTH DISINFECTANT



### With a Chemical Action Odor Killer

★ U. S. Gov. Registered!

★ Kills Disease Germs!

Fyte's push button ease and pleasant freshness encourages everyone to disinfect regularly. Fyte eliminates the time, trouble and cost of pouring, spilling, carrying heavy sprayers, bottles and drums of strong smelling disinfectants.

Fyte does away with rag wiping and recontamination, as well as health hazards, wrong dilutions and "pouring back".

For the first time you can buy one product to combat disease germs, odors, mustiness, even antibiotic resistant Staphylococcus Aureus 80/81 in an easy to use, aerosol concentrate.

**FYTE IS USED IN:** Hospitals — Schools — Industrial Plants — Hotels — Institutions — Restaurants — Motels — Buses and all Public Places.



### FOR GREATER PROTECTION FROM DISEASE GERMS IN:

Wash Rooms — Toilet Seats — Urinals — Wash Basins — Bathtubs — Telephones — Bedding — Locker Rooms — Garbage Cans — Door Knobs — Walls — Drapes — and Public Vehicles — or any place germs may collect.

## FREE!

Write today for a free demonstration sample and find out how easy and pleasant it is to destroy germs and odor the push button way with... Fyte!

*Hyson*

Sold only thru authorized distributors.

Manufactured by:

**PRODUCTS COMPANY**

932 West 38th Place

Chicago 9, Illinois

now in service from coast to coast

## **AMP ALL-ELECTRIC HOSPITAL BEDS**



gaining greater recognition every day

The AMP All-Electric Hospital Bed is a quality bed . . . a new concept in electric bed design which provides the ultimate in patient-controlled comfort with a minimum of nursing personnel time. This bed was developed after many consultations with committees of doctors and nurses on hospital bed studies, and is the only bed that achieves all the approved medical positions electrically. It has 8 distinct motorizing actions and push-button patient control . . . it is longer, lowers lower, and raises higher than any other electric bed. To see the AMP bed in operation is to realize that it is the most advanced and most practical electric bed on the market today.

The amp bed is listed by Underwriters' Laboratories, Inc.  
for use with oxygen administering equipment.

we invite your inquiry

**AMERICAN METAL PRODUCTS COMPANY**

DETROIT 4 **amp** MICHIGAN

# classified advertising

## POSITIONS OPEN

### INTERSTATE MEDICAL PERSONNEL BUREAU

Miss Elsie Dey, Director  
332 Bulkley Building  
Cleveland 15, Ohio

ADMINISTRATOR—(a) 150-bed hospital, Ohio. (b) 50-bed new hospital, Pennsylvania. (c) 60-bed private hospital, south. (d) R.N.; mid-western hospital, 65-beds, midwest.

ADMINISTRATIVE ASSISTANT — (a) 300-bed hospital, northern Ohio. (b) 400-bed hospital, medical center, midwest; \$6500.

PERSONNEL DIRECTOR—(a) 300-bed eastern hospital. (b) 250-bed hospital, New York State. (c) 200-bed hospital, Missouri.

BUSINESS MANAGER—(a) 250-bed hospital, south. (b) 200-bed hospital, Upper New York State. (c) 75-bed private hospital, west.

PHARMACIST—150-bed Ohio hospital; \$7,000.

### INTERSTATE—Continued

DIRECTOR, NURSING SERVICE—(a) \$6,500-\$8,000. (b) Director of nursing; mid-west; 300-bed outstanding hospital.

MEDICAL RECORD LIBRARIAN—(a) Large city, central state \$6,000. (b) South; 300-bed modern hospital.

EXECUTIVE HOUSEKEEPERS—\$4,200-\$4,800.

### SHAY MEDICAL AGENCY

Blanche L. Shay, Director  
55 East Washington Street  
Chicago 2, Illinois

ADMINISTRATIVE PERSONNEL—(a) Accountant-office manager; southwest; 300-bed hospital in process of expanding. (MH-3296) (b) Business manager; south; 200-bed hospital-expanding to 300; located in college town of about 25,000. (MH-3533) (c) Business Manager; middle west; good accounting background, supervise about 45 employees. \$7,200 minimum. (MH-3471) (d) Purchasing agent; east; 300-bed hospital; hospital purchasing experience desired. (MH-3547) (e) Finance officer; south; duties: contact foundations, corporations and individuals for contributions; also write some public relations in connection with promoting of funds, etc. \$8000 minimum plus expenses. (MH-3542) (f) Personnel director; 350-bed teaching hospital-near Washington, D. C.; excellent opportunity. (MH-3565).

DIRECTOR OF NURSES—(a) Middle west; large State Hospital; have well qualified director of nursing education. (MH-3206) (b) Middle west; 200-bed teaching hospital in process of expanding to about 325-beds nursing school affiliated with university; to \$8500. (MH-3063) (c) East; 300-bed hospital; good experience in teaching, supervision and administration; will have associate who is well qualified in nursing education; \$8000 to start. (MH-3388).

### SHAY—Continued

DIETITIANS—(a) Chief; south; 500-bed teaching hospital; 9 dietitians in department; 3 kitchens; \$6720. (MH-3331) (b) Staff; California; assist chief in planning special diets, etc. in 400-bed hospital; \$6000. (MH-3338). (c) Therapeutic; Florida; 250-bed hospital in beautiful winter resort area. \$4800. (MH-3414) (d) Administrative; middle west; 400-bed hospital; dietary department has just been moved into new building; Everything new and modern; \$5400. (MH-3560).

## PLACEMENT BUREAUS

### DOROTHEA BOWLEY ASSOCIATES

A Nation Wide Specialized Employment  
Service For Medical and Hospital Personnel  
Dorothea Bowley, Director  
Suite 603 Willoughby Tower,  
ANDOVER 3-5293  
8 South Michigan Avenue,  
Chicago 3, Illinois

Our service is for Men and Women. Administrators, Physicians, Personnel Directors, Business Managers, Purchasing Agents, Comptrollers, Plant Engineers, Public Relations Directors, Pharmacists, Dietitians, Food Service Directors, Physical Therapists, Occupational Therapists, Medical Record Librarians, Librarians, Anesthetists, Director Nurses, etc., Bacteriologists, Biochemists, Microbiologists, Virologists, Tissue Technicians. ALL INQUIRIES FROM APPLICANTS ARE KEPT STRICTLY CONFIDENTIAL.

(Continued on page 194)

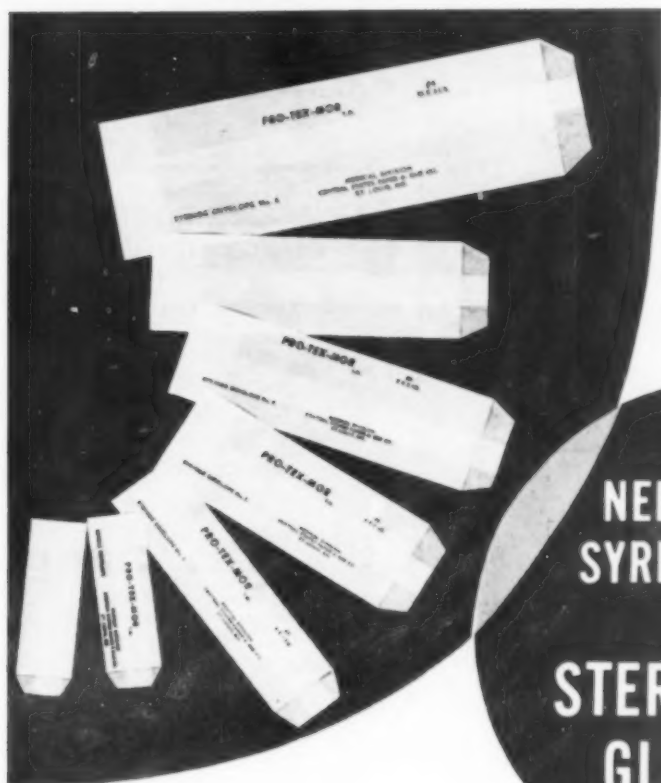


For Quality without Question... Enjoy the  
unique refreshment of sparkling Coca-Cola



SIGN OF GOOD TASTE

# NEW! from PRO-TEX-MOR



color-  
coded

## NEEDLE AND SYRINGE BAGS *of* STERILIZABLE GLASSINE

plain or  
printed

**A THERMOPLASTIC TREATMENT  
PERMITS A HEAT SEAL THAT  
INSURES PERFECT CLOSURE**

*The Pro-Tex-Mor Line  
of Disposables  
Includes These  
Profitable Repeat Items*

- Sterilizer Bags and Wraps for Catheters, Gloves and Bed Pans
- Nipple Covers
- Examination Table Sheeting
- Waste Can Liners
- Flushable Bed Pan and Urinal Covers
- X-Ray Storage Envelopes
- Examination Gowns

Also plastic pillow and mattress covers and aprons

**Write for  
Samples  
and  
Prices**

**PRO-TEX-MOR Medical Division**  
CENTRAL STATES PAPER & BAG CO.

**5221 Natural Bridge • St. Louis 15, Missouri**

**SOLD EXCLUSIVELY THROUGH HOSPITAL AND SURGICAL SUPPLY DEALERS**





**This is a better race track than Indianapolis now that you**

## Use slip-retardant floor wax containing LUDOX®

(Du Pont's anti-slip ingredient)

You benefit two ways with floor wax containing "Ludox". First, there's the skid resistance "Ludox" adds. Tiny, transparent spheres of "Ludox" exert a snubbing action with every footstep... give sure-footed traction. Second, you get the lasting beauty only a fine wax can give your floors... and it's easy to keep floors beautiful, because scratches and scuffs can be buffed out, without rewaxing.

Floor waxes containing "Ludox", Du Pont's anti-slip ingredient, give your floors the appearance you want, plus added safety underfoot.

Mail coupon below for more information and a list of suppliers of quality floor waxes containing "Ludox". E. I. du Pont de Nemours & Co. (Inc.), Industrial and Biochemicals Dept., Room N-2533, Wilmington 98, Delaware.

**LUDOX®**  
COLLOIDAL SILICA



BETTER THINGS FOR BETTER LIVING  
... THROUGH CHEMISTRY

### MAIL THIS COUPON TODAY

E. I. du Pont de Nemours & Co. (Inc.)  
Industrial and Biochemicals Dept.  
Room N-2533MH, Wilmington 98, Delaware

Please send me the free booklet describing the advantages of using floor wax containing "Ludox" and a list of suppliers of these quality waxes.

Name \_\_\_\_\_  
Firm \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_



## classified advertising

### PLACEMENT BUREAUS

**A & G MEDICAL PERSONNEL  
AGENCY**  
834 Second Street  
Lancaster, Pennsylvania

In addition to the positions listed under Positions Open, we have an impressive list of attractive offers under the following Classifications. They represent hospitals and communities of various sizes and locations, therefore we can assist you to secure the type of position you prefer. Write for details. All inquiries confidential. NO REGISTRATION FEE.

Administrators — Anesthetists — Anesthesiologists — Dietitians — A.D.A. & Therapeutic; Executive Housekeepers — Male and Female; Medical Record Librarians — Pharmacists — Physical Therapists — Physicians & Surgeons — House Physicians — Pathologists — Radiologists.

**NURSES**—Director of Nurses (includes female & male); Assistant Director of Nurses, Director of Nursing Administration, Assistant Director of Nursing Service, Medical Supervisors, Surgical Supervisors, O.R. Nurses, O.R. Supervisors, Supervisors of O.R. Nursing, Head Nurse Medical Unit, Head Nurse Pediatric Unit, O.B. Supervisors, Staff Nurses all shifts, Surgical Technicians & School Nurse.

**FACULTY** positions include Education Directors, Associate Director of Nursing Education, Assistant Director School of Nursing, Clinical Instructors — Medical, Surgical, Nursing Arts, OB, Fundamentals of Nursing, Pediatric Nursing, etc.

**LABORATORY TECHNICIANS & TECHNOLOGISTS — X-RAY TECHNICIANS** — Vacancies for male and female technicians.

Salaries in most instances are open and depend on qualifications and experience of the individual. Others are quoted as salary, plus perquisites, plus living accommodations.

(Licensed & Bonded by the Commonwealth of Pennsylvania.)

**INDIANA MEDICAL BUREAU**  
212 Bankers Trust Bldg.  
Indianapolis 4, Ind.

Opportunities in most areas for Administrators, Medical Directors, Anesthesiologists, Pathologists, Radiologists, Resident Physicians, Laboratory and X-Ray Technicians, Therapists, Medical Records Librarians, and all areas of supervisory hospital and medical personnel.

(Continued on page 196)

*flexible*

- for high or low installation
- single or multiple mounting
- use wet or dry



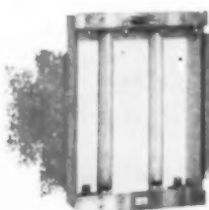
Single "NXFI" unit with toggle switch at top, name plate at bottom. Switch and plate are easily interchangeable to accommodate different heights for varying reading level. Drip tray is available as an accessory for wet film viewing.

## APPLETON "NXFI" Film Illuminator (for non-hazardous areas)

*Interchangeable Name Plate and Switch Permits Easy Height Adjustment for Peak Flexibility*

■ The new APPLETON "NXFI" Film Illuminator combines high quality, light weight, and full, unbroken x-ray viewing design with built-in flexibility that permits flush or surface mounting and choice of high or low switch position.

All viewing with this unusual film illuminator is under strong, shadowless, full panel illumination. Continuous plexiglass surface offers faster, more accurate film readability. Ganged units may be operated separately. Relamping requires only the removal of a few screws and the plexiglass viewing panel. Truly this is the ideal hospital film illuminator where flexibility, even portability, is important and low initial cost must be considered. Full details on request.



Full panel lighting provided by means of two 15-Watt T-12 fluorescent lamps for easy viewing. Dimensions: 21" high; 14 1/2" wide; 4 1/4" deep.



Units may be surface gang mounted. Chrome plated roller clips provided to hold film. Hinge clips also provided to suspend wet film.



Units may be flush mounted side by side or in banks of two at 5 ft. eye level or above according to requirements of any given area. Installation is simple... costs are low.

*Sold Through Franchised Distributors Only*



Additional  
APPLETON Products for  
Hospital Use:

**APPLETON ELECTRIC COMPANY**  
1701 Wellington Avenue • Chicago 13, Illinois



X-ray Film Illuminators for Hazardous Locations



Removable with Plug



Portable Current Tap with Plug-in Plug



Two-gang Pilot Lights. Available in single gang and in combination with switch.



Three-gang Switch Unit. Other models also available.

## HOSPITALS

**SAVE  
MONEY**



*Easily* with

**DARNELL**

**Casters and Wheels**



**BUY** *Quality*

**S**ILENT service.

**A**BSENCE of Irritation caused by casters which do not function properly.

**F**LOOR protection.

**E**ELIMINATION of repairs to equipment.

*New*

**facts you  
should know**



**SEND FOR YOUR COPY NOW!**

**DARNELL CORPORATION, Ltd.**

DOWNEY - LOS ANGELES COUNTY - CALIFORNIA  
31 24 SIXTY FIRST ST. WOODSIDE ST. L. I. N. Y.  
16 NORTH ELSTON STREET CHICAGO 6, ILLINOIS

## classified advertising

### PLACEMENT BUREAUS

MARY A. JOHNSON ASSOCIATES  
11 West 42 Street .... New York 36, N.Y.  
Mary A. Johnson, Ph.D., Director

FINE SCREENING  
BRINGS BEST RESULTS

Our careful study of positions and applicants produces maximum efficiency in selection. Candidates know that their credentials are carefully evaluated to individual situations, and only those who qualify are recommended. Our proven methods shields both employer and applicant from needless interviews. We do not advertise specific available positions. Since it is our policy to make every effort to select the best candidates for the position and the best job for the candidate, we prefer to keep our listings strictly confidential.

We do have many interesting openings for Administrators, Physicians, Anesthetists, Directors of Nurses, Dietitians, Medical Technicians, Therapists, and other supervisory personnel.

No registration fee  
Agency

Information about  
**QUALIFIED NURSE PERSONNEL**  
is available from the  
American Nurses' Association  
**PROFESSIONAL COUNSELING &  
PLACEMENT SERVICE**  
10 Columbus Circle  
New York 19, N. Y.  
Tel. Ju 2-7230

### MISCELLANEOUS

**FURNITURE REFINISHING**  
Quality Work — Guaranteed  
Metal or wood furniture refinished to a like new condition at your hospital. Anywhere in the Southern Hospital District.  
**CUSTOM PRODUCTS CO.**  
1700 Llanfair Ave., Cincinnati 24, Ohio

### FOR SALE

**NURSING AND MEDICAL BOOKS**  
We have in stock every nursing or medical book published. Lowest prices with unexcelled service. Write Chicago Medical Book Company, Jackson and Honore Street, Chicago 12, Illinois.

The "how-to-do-it" series of articles on house-keeping techniques, reprinted from The Modern Hospital, is now available in book form. Valuable teaching aid for training housekeeping employees. Write: Emily C. Deming, Butterworth Hospital, Grand Rapids, Mich.

(Continued on page 198)

## SANI-DRI ends woes!



### SANI-DRI ELECTRIC HAND DRYERS

- ★ Automatic 24 Hr. Service
- ★ Cuts Maintenance Costs 85%
- ★ Eliminates All Towel Costs



**NEW!**

**Faster Drying!**  
Abuse-Proof  
Aluminum  
Nozzle and  
Push Bar!

**Write Today!**  
FOR NEW BROCHURE  
AND PRICE LIST



THE CHICAGO HARDWARE FOUNDRY CO.  
41129 COMMONWEALTH AVE. • NORTH CHICAGO, ILL.



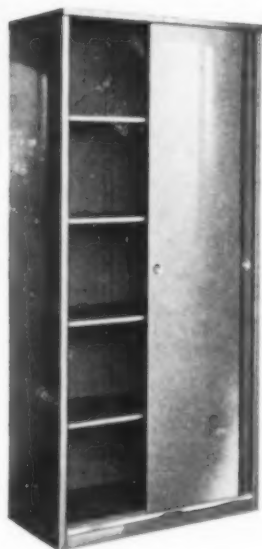
You can do two things to guard yourself against cancer: Have an annual health checkup. Alert yourself to the seven danger signals that could mean cancer: 1. Unusual bleeding or discharge. 2. A lump or thickening in the breast or elsewhere. 3. A sore that does not heal. 4. Change in bowel or bladder habits. 5. Hoarseness or cough. 6. Indigestion or difficulty in swallowing. 7. Change in a wart or mole. If your signal lasts longer than two weeks, go to your physician. Give him the chance to give you the chance of a lifetime.

**AMERICAN CANCER SOCIETY**

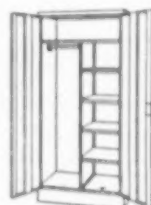
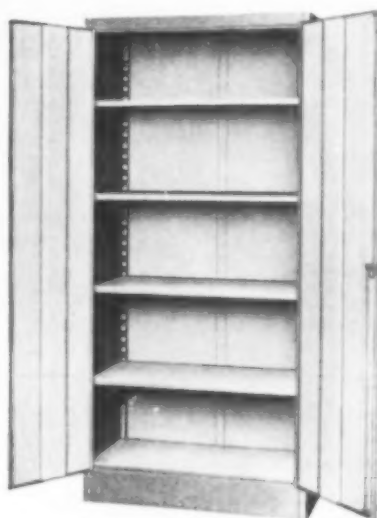
here's an excellent line of cabinets

# BORROUGHS CABINETS

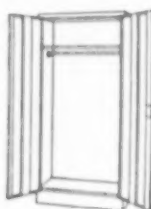
priced to fit your budget



Today's hospitals require the finest supply and storage cabinets . . . and Borroughs can meet those requirements most completely — and at most moderate prices. Full details upon request.



combination



wardrobe

send for literature



## facts regarding cabinets . . .

**OPEN-FACE CABINETS** in heights of 29", 42", 78", 84" — depths of 12" and 18". Sliding shelves are adjustable without tools, nuts or bolts.

**SLIDING-DOOR CABINETS** in heights of 29", 42", 78" — depths of 12" and 18". The 29" and 42" units have steel or glass sliding doors — 78" model has steel sliding doors. Adjustable shelves same as open-face cabinets.

**SWINGING-DOOR CABINETS** in 2 heights — 42", 78" — 2 depths — 18", 24". Central handle with Yale & Towne built-in lock. Doors have 3-point latching and swing completely open for full accessibility. 78" cabinets in 3 styles—storage, wardrobe, combination. Shelves adjustable without tools.

All cabinets 36" wide.



**BORROUGHS** MANUFACTURING COMPANY  
OF KALAMAZOO

A SUBSIDIARY OF THE AMERICAN METAL PRODUCTS COMPANY OF DETROIT

3068 NORTH BURDICK ST. **amp**® KALAMAZOO, MICHIGAN



# classified advertising

## SCHOOL—SPECIAL INSTRUCTION

The CHICAGO LYING-IN HOSPITAL AND DISPENSARY of the University of Chicago offers a six-months course in obstetric nursing to qualified graduate nurses. The course includes all phases of maternity nursing. The student may elect experience in one special area for two months of the course. Modern, attractively appointed kitchenette apartments are provided. Adequate allowance is made for food and laundry. For further information, write to the Director of Nursing, 5841 Maryland Avenue, Chicago 37, Illinois.

UNIVERSITY OF MICHIGAN School for Nurse Anesthetists offers a 16 month course for nurses interested in anesthesia. Accredited by the American Association of Nurse Anesthetists. The training includes all techniques in inhalation, intravenous, and rectal anesthesia. Unlimited opportunities for endotracheal intubation and open chest anesthesia. Stipend provided. For information write School for Nurse Anesthetists, University Hospital, Ann Arbor, Michigan.

ST. MARY'S HOSPITAL, Minneapolis, Minnesota, offers a fifteen month course in anesthesiology to graduates (men or women) of accredited schools of nursing. The course includes theory and experience in all phases of modern anesthesia. Enrollment dates February, May, August and November. Direct Correspondence to Director, Department of Anesthesia.

BARNES HOSPITAL: Offers an 18 month post-graduate course in Anesthesia to registered graduate nurses. Theoretical requirements of the American Association of Nurse Anesthetists met. Miss Helen Vos, R.N., B.S., Educational Director. Clinical training includes all techniques and procedures. Stipend provided. For information, write Mrs. Dean Hayden, Director, School of Anesthesia, Barnes Hospital, St. Louis 10, Missouri.

SCHOOL FOR LABORATORY TECHNICIANS—Duration of course, 1 year. Tuition, \$100.00 approved by the American Medical Association. For further information, write the Director of Laboratories, Barnes Hospital, 600 S. Kingshighway, St. Louis, Missouri.

The PROVIDENCE LYING-IN HOSPITAL offers to qualified graduate nurses a four months supplementary clinical course in Obstetrics. Full maintenance and stipend of \$75.00 a month is provided. For full information, apply to the Director of Nurses, Providence Lying-in Hospital, Providence 8, Rhode Island.



## why not clean the air, too?

**Remove Offensive Odors**

**In cases resulting from Colostomies,  
Gangrene, Terminal Malignancy, Se-  
vere Burns and Incontinent Patients.**

**and Keep Them Removed**



## Activated Charcoal Air Purifier

Eliminates sick room odors, purifies and freshens the air. Removes pollen, bacteria, viruses, mold spores, dust, gases, smoke, etc. Costs less to operate than a small electric light bulb. Available in two sizes — single room and ward size.

etc. Costs less to operate than a small electric light bulb. Available in two sizes — single room and ward size.

Dealer franchises open for some territories. Order Trial Unit Today:

**D. B. H. Inc.**  
410 Jennings Street  
SIOUX CITY, IOWA

D. B. H. Inc. Dept. M-1059  
410 Jennings St., Sioux City, Iowa

Please send:

Quantity ☐ Single room size @ \$37.95

Quantity ☐ Ward size @ \$54.95

☐ More Information please.

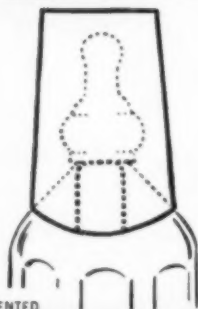
NAME .....

ADDRESS .....

CITY .....

STATE .....

## Remember...



\*PATENTED

**NipGard**  
TRADE MARK

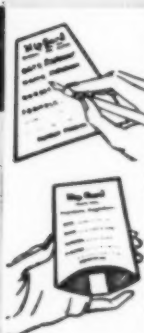
## DISPOSABLE NIPPLE COVERS...

provide space for identification and formula data... instantly applied to nipple; save nurses time... cover both nipple and bottleneck. Do not jar off. No breakage. Use No. 2 NipGard for narrow neck bottle... use No. H-50 NipGard for wide mouth (Hygeia type) bottle. Be sure to specify type desired.

THE QUICAP COMPANY, Inc.

110 N. Markley St. Greenville, South Carolina

for quick, dependable protection to nursing bottles... use the original NipGard® covers. Exclusive patented tab construction fastens cover securely to bottle • For High Pressure (autoclaving)... for Low Pressure (flowing steam).



Your hospital supply dealer has NipGards. Professional samples on request.





## THE EGG AND YOU...

**New exclusive SCORE\* and EVENT\* control wash pressure chemically, improve results, increase dishwashing machine efficiency!**

★ ★ ★

Recently Economics Laboratory chemists discovered that aeration and foaming inside a dishwashing machine cut down wash pressure 40 to 50 per cent. This drop in wash pressure reduces machine efficiency—promotes staining and film build-up and increases compound consumption.

Economics Laboratory chemists also discovered that proteins such as eggs, meats, mashed potatoes and milk

are the major cause of aeration and foaming. Fats were commonly thought to be the major cause. As a result of these discoveries two new exclusive products SCORE and EVENT were developed. *Now for the first time* foam and aeration can be eliminated in a mechanical dishwashing machine throughout the entire washing period.

SCORE and EVENT control wash pressure chemically—they step up the efficiency of all mechanical dishwashing equipment—resulting in film-free tableware, lower operating costs in detergents and hot water. SCORE and EVENT have been scientifically developed and thoroughly tested by experts in the Laboratory and in hundreds of dishwashing operations throughout the country.



**ECONOMICS LABORATORY, INC.**  
You can bank on Economics Laboratory Service

New York • St. Paul • Zurich • Vallingby, Sweden • Mexico City • Toronto • Havana  
General Offices: St. Paul, Minn. Executive and Sales Offices: 250 Park Ave., N. Y. 17

**FREE!** Write for a new informative booklet, "A Chemical Approach To Controlled Wash Pressure".

Economics Laboratory, Inc.  
250 Park Avenue, New York 17, N. Y.

MH-129

Gentlemen:

I would like the new booklet, "A Chemical Approach To Controlled Wash Pressure".

Name

Name of Establishment

Address

City  State

*Richards*

**KANE**

**steri-fabric**

**STERILIZING**

**CASES**



4 different sizes, 3 to 12 pockets, for rongeurs, intramedullary pins, osteotomes, etc. Special sizes upon request.

- ★ protect sharpness of osteotomes, gouges, curettes and other instruments during autoclaving
- ★ minimize handling, keep SMO surgical implants free from nicks and scratches
- ★ made of special porous material to assure sterility, withstand repeated autoclaving

WRITE FOR INFORMATION

*Richards*

**MANUFACTURING COMPANY**

736 Madison Ave., Memphis 3, Tenn.

**QUICK, EASY, ECONOMICAL DRESSING**

***Tubegauz***

**SEAMLESS TUBULAR GAUZE**

*All-purpose  
Bandage  
With NEW  
"Cage-Type"  
Applicators*



TUBEGAUZ is easy, quick, neat and economical to use. Assures patient comfort . . . an excellent application for First Aid and Hospitals.

Speedily bandages fingers, toes, hands, feet, legs, arms, head and body. Especially adapted for hard-to-bandage parts and areas.

Write today for the **FREE** 32-page booklet, "New Techniques of Dressing With Tubegauz."

*Surgical Supply Division*

**THE SCHOLL MFG. CO., INC.**

213 W. Schiller St., Chicago 10, Ill.

62 W. 14th St., New York 11, N.Y. 3223 E. 46th St., Los Angeles 58, Calif.

## **RESULTS MAKE IT A WORTHWHILE INVESTMENT**

There's one reason above all others that explains why The MODERN HOSPITAL is the choice of those using classified advertising to reach the hospital field. That reason is—RESULTS.

Whether you are looking for someone to fill a key position on your hospital team—or seeking a position personally—you will find the classified advertising pages of The MODERN HOSPITAL will give you the results you want.

Excellently qualified applicants are searching for new and better positions in hospitals every day. They can only serve you if they know of the opportunities you have available. By bringing you more qualified applicants, The MODERN HOSPITAL offers you the best possibilities of securing the ideal persons to fill your vacancies.

If you are planning a new hospital or expanding an existing one, you will find the classified pages of

The MODERN HOSPITAL a practical solution in solving your needs for additional personnel.

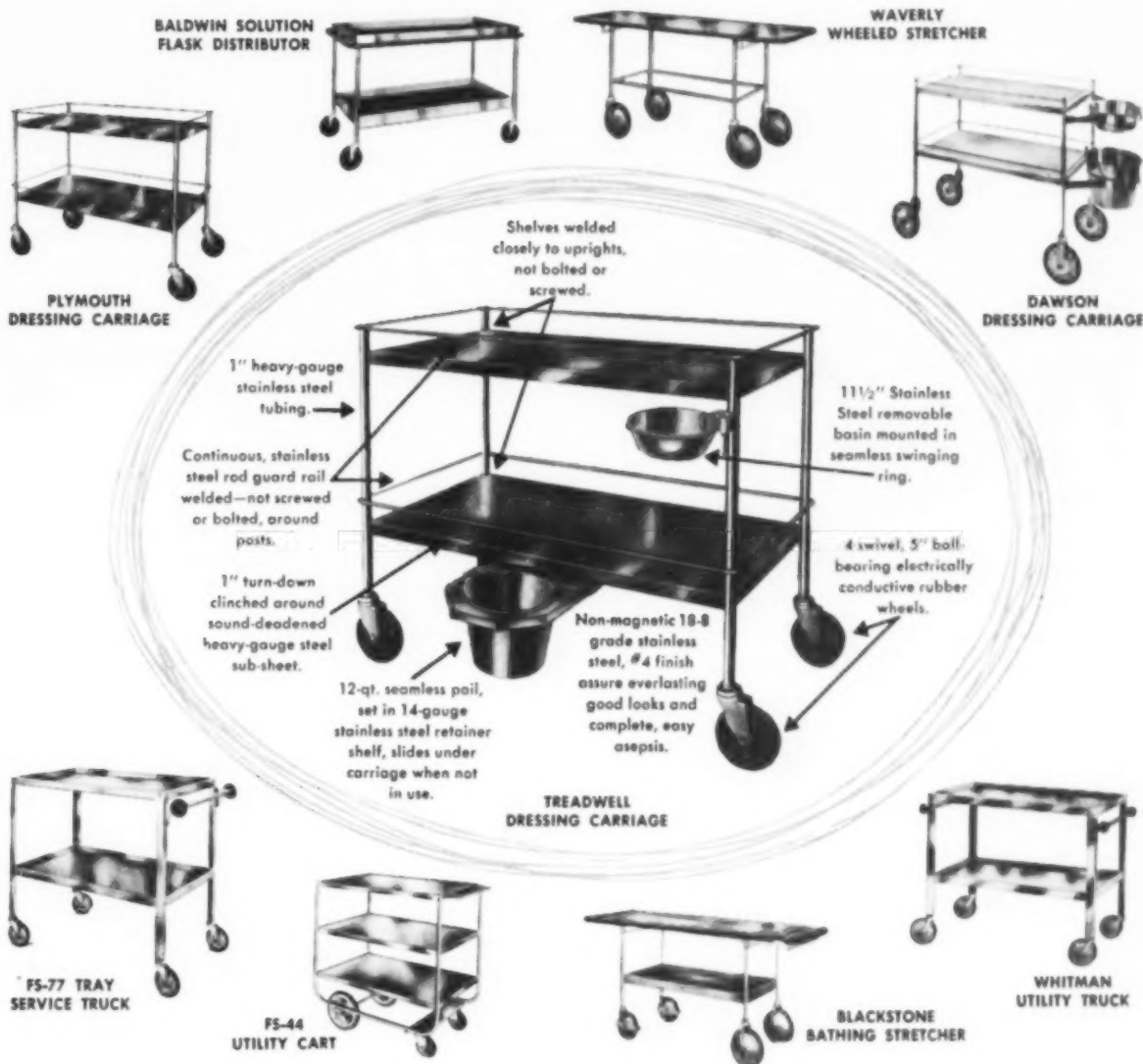
Your classified advertisement in The MODERN HOSPITAL reaches 16,112 fully paid, voluntary subscribers.

The MODERN HOSPITAL is the way to obtain positions and people in the hospital field. Thirty years of leadership in classified advertising prove this.

The cost of an advertisement under "Positions Open" or "Positions Wanted" is just 30c a word (\$6 minimum). For Schools and other types of advertising write for special rate — Classified Advertising Department, The Modern Hospital Publishing Co., Inc., 919 N. Michigan Ave., Chicago 11, Illinois.

# HERE'S PROOF...

## Blickman Equipment is the finest ...yet it costs no more!



Blickman craftsmanship gives you the *full* benefit of stainless steel. Gauges heavy enough for hard wear. Finishes fine enough for full corrosion resistance and complete asepsis. Rounded corners...invisible seamless welds...completely crevice-free surfaces and joints—wherever re-

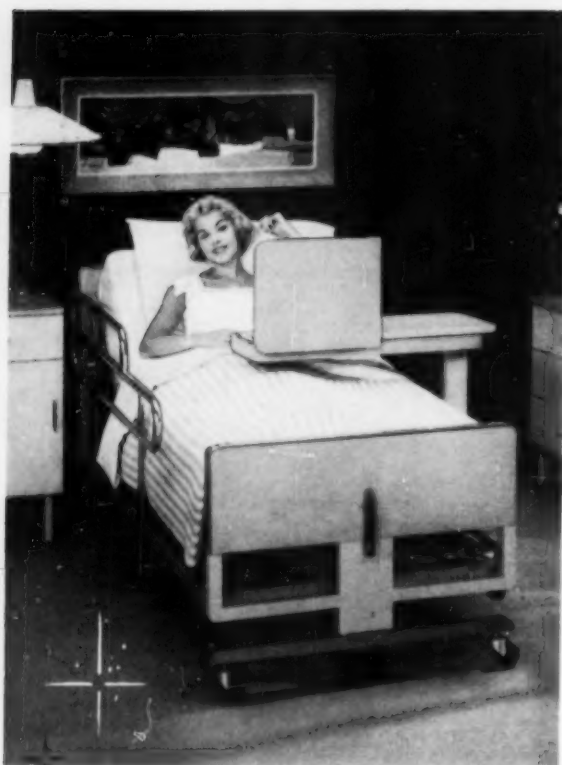
quired. Blickman alone delivers them all for added convenience, top performance, sure sanitation and decades of durability—*yet it costs no more!* For full details on Blickman's complete line of hospital equipment write: S. Blickman, Inc., 1512 Gregory Avenue, Weehawken, N. J.

**BLICKMAN**  
HOSPITAL EQUIPMENT

Look for this symbol of quality...

**Blickman-Built**

"SOLD THROUGH BLICKMAN AUTHORIZED HOSPITAL EQUIPMENT DEALERS"



unmatched for  
**STAFF SAVING EFFICIENCY**

15" height easiest for litter transfer, a few simple turns and it's up to 27" for massage, medication. 10 seconds to Trendelenburg, 25 seconds to Fowler. Easy maintenance, too.

unmatched for  
**BRUTE STRENGTH, DURABILITY**

With 400 lbs. unbalanced weight, the Hi-Lo was raised and lowered non-stop 24,000 times at high speed—then subjected to 800 lbs. dead-weight loads. Minute inspection showed no signs of wear! These beds are made to last!

the incomparable

# Royal HI-LO

## PATIENT BED

Decorator colors or warm wood-grain finishes...familiar "bed-room" height boosts patient morale... "hidden" spring cranks—decorative fold-up central crank.

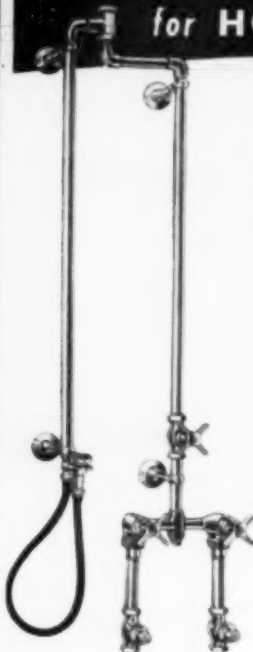
RE-FURNISHING? EXPANDING? MODERNIZING?  
Write to Royal for free literature on Hi-Lo Beds, Safety Sides, Patient Room, Lounge, Laboratory, and Office furniture.

**Royal Metal Manufacturing Company**

One Park Avenue, New York 16, N. Y., Dept. 8-L.

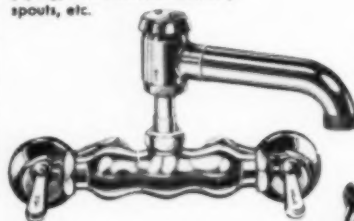
# from Chicago Faucet...

## The most complete line of faucets for HOSPITAL use



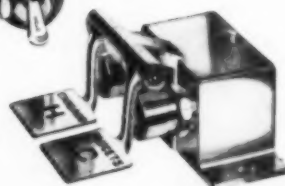
No. 904 Bed Pan Flusher, with integral vacuum breaker. Other types for concealed piping, with different nozzles, spouts, etc.

Thanks to more than 50 years of specialization, Chicago Faucets offer your most complete selection of faucets for hospital use—for wash-up or laboratory sinks, bed-pan flushers, nurses' stations, etc. Pedal-, leg- or wrist-operated; interchangeable spouts, supplies and vacuum breakers. Each has the time-proved replaceable operating unit which permits minor service or complete renewal in a matter of minutes. Because many so-called specials are standard with Chicago Faucet, chances are you'll pay little if any premium in price for this premium quality.

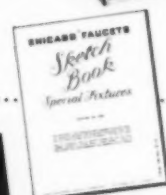


No. 886 Exposed Sink Faucet, with integral vacuum breaker. Other types with wall brace, pail hook, integral stops, etc.

No. 625 Pedal Valve, mixing type. Also wall hung pedal valves, and leg- or wrist-operated valves.



**The Chicago Faucet Co.**  
2712 N. Pulaski Rd., Chicago 39, Ill.



**New Sketch Book** has 64 pages of engineering data and dimensions on many special hospital faucets. If you buy or specify faucets write for your copy.

Distributed through the plumbing trade exclusively

The MODERN HOSPITAL





St. Joseph's Infirmary, Courtland Street, Atlanta, Ga.

## Fire struck this hospital...

### *Grinnell Sprinklers saved it!*

**FIRE!** . . . in a crowded hospital ward! Could anything be worse? Fortunately, when flames did strike on the third floor of St. Joseph's Infirmary, Grinnell Sprinklers were on guard. Three sprinkler heads responded to the first blaze — put out the fire fast. There was no panic; and fire damage was slight.

Only automatic sprinklers can be depended upon to perform as reliably as this under every circumstance. Only automatic sprinklers can be counted upon to safeguard the lives of patients, some helpless . . . anywhere, at all times . . . without dependence on uncertain human vigilance. In records kept for more than 60 years, there is yet to be a reported "loss of life" fire in an institution completely protected by automatic sprinklers.

Ask your Grinnell representative to furnish an estimate, without cost or obligation, on installing a complete fire protection sprinkler system on your property. Inquire, too, about how Grinnell Sprinklers reduce insurance premiums. Get all the facts. Grinnell Company, Providence 1, R. I.

# GRINNELL

FIRE PROTECTION SINCE 1870



Private room on second floor of old section, showing Grinnell Sidewall Sprinklers.



Service area, in new section of hospital, with Grinnell Pendant Sprinklers in view.



## "Hospital designed"

# Maysteel casework reduces the nurse's burden



You can install space-saving Maysteel storage cabinets closer to work area — for step-saving, time-saving without sacrificing corridor space. And they're easier to use, quieter in operation, simpler to keep clean inside and outside, provide more storage room per square feet of floor space. Check *all* the advantages of Maysteel "Hospital Designed" Casework.

### "HOSPITAL DESIGNED" FINISH . . .

More than beauty and color, Maysteel Baked Enamel finishes are porcelain-like in their hardness and resistance to abrasion and cleaning solvents — for years of like-new appearance.

### "HOSPITAL DESIGNED" FOR QUIETNESS

Solid, double-paneled doors and drawers, sound-deadened, with silent hinges, rollers, slides or soft rubber bumpers — provide for quiet operation of every moving part of Maysteel Casework.



### "HOSPITAL DESIGNED" REACHING HEIGHT

Your linens, blankets, instruments, supplies are *always* within easy reach — in Maysteel "Hospital Designed" Storage Cabinets. Every cabinet proportion is reach-checked for ready convenience.



### "HOSPITAL DESIGNED" for MORE STORAGE IN LESS SPACE

From 10% to 40% more storage space per square foot of floor space — is a Maysteel engineering achievement that means valuable space-economy to modern hospital planning. Look for this advantage in all Maysteel Casework.

## MAYSTEEL PRODUCTS, INC.

738 N. Plankinton Avenue, Milwaukee 3, Wisconsin

- ☐ Send New Maysteel Catalog and Planning Guide  
☐ Give us name of nearest Maysteel representative

Name .....  
Address .....  
City ..... State .....  
Attn. of .....



# GRANT 19200

*most advanced line  
of silent  
cubicle hardware*

### WHY GRANT 19200?

**Substantial Installation Savings . . .** because the 19200 line is pre-curved — fabricated in full length without splicers.

**Attractive . . .** because modern, aluminum 19200 track is really streamlined — only 1" wide x 3/4" deep.

**Amazingly Quiet Operation . . .** because friction free nylon carriers with new neoprene bumper cushions eliminate all contact noise.

**Cleanliness, Light and Air . . .** because curtains stack in minimum space (carrier diameter is only 1/2") . . . and sanforized jean cloth curtains are available with open type ventilating mesh. (Flameproof optional.)

Write now for additional data on the wonderful new 19200 line and other Cubicle products by Grant.

## GRANT CUBICLE HARDWARE



Grant Pulley & Hardware Corporation  
69 High Street, West Nyack, New York  
944 Long Beach Ave., Los Angeles 21, Cal.

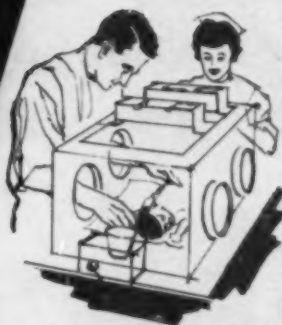
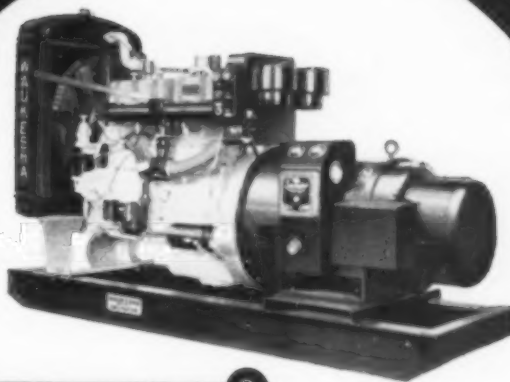
automatic,  
immediate

IN AN EMERGENCY

# ELECTRIC

service

Backed by over 50 years of building heavy-duty engines and electrical equipment, Waukesha *Enginators*® (engine-generator combinations) have a world-wide record for reliability. Diesel and carburetor fuel models ... up to 800 KW.



- for • essential lighting • surgery suite
- laboratories • X-ray • dietary
- boiler rooms • emergency elevators
- and ancillary equipment

454

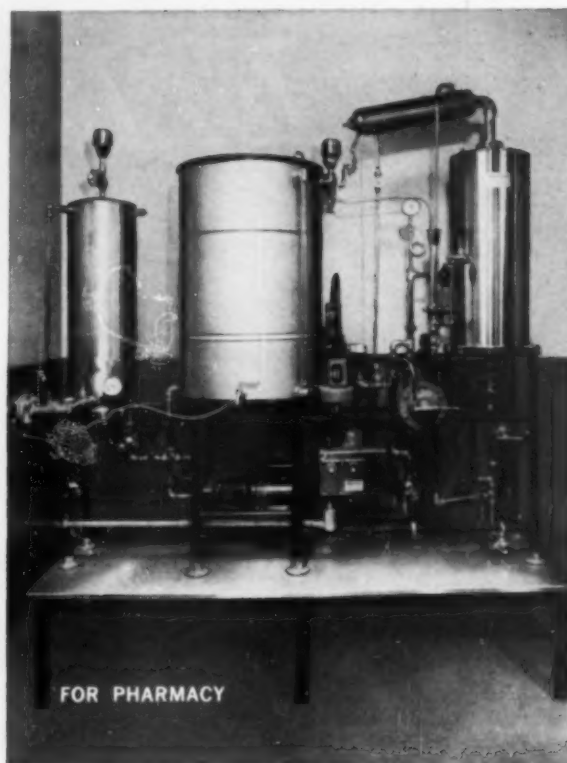
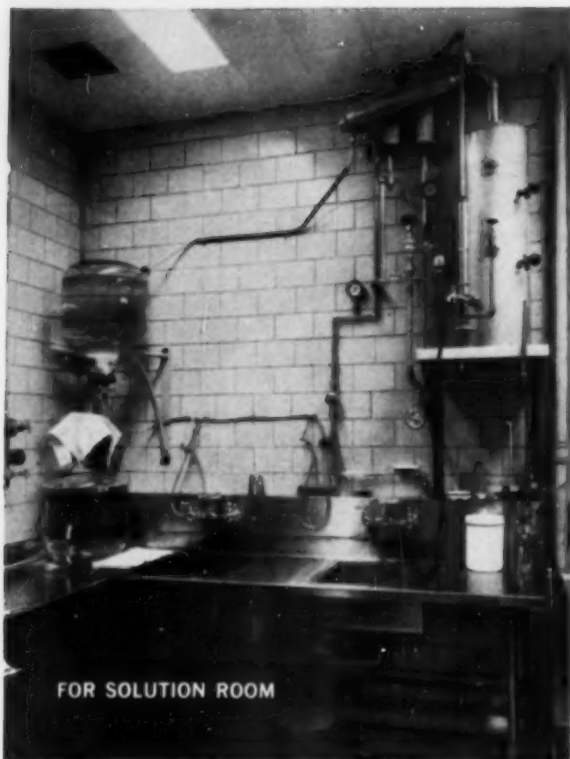
Send for descriptive literature

Special Products Division

WAUKESHA MOTOR COMPANY • WAUKESHA, WISCONSIN

New York • Tulsa • Los Angeles

## AT NEW ENGLAND BAPTIST HOSPITAL



### BARNSTEAD STILLS PROVIDE distilled water of highest purity

In its Solution Room, Pharmacy, and Central Supply, the New England Baptist Hospital depends upon a variety of Barnstead Stills to produce the purest, pyrogen-free distilled water for all of its hospital requirements.

The Barnstead Still shown in upper-right is equipped with stainless steel pump to distribute distilled water to Pharmacy on upper floor. Thus valuable room is saved and unused basement space is utilized.

Whatever your hospital need . . . you will find a Barnstead Still to fill your exact needs . . . over 200 models and sizes to choose from . . . with such features as full automatic controls to insure a constantly available supply of freshly distilled water . . . Ventgard attachment which prevents air-born contamination from entering the storage tank . . . and tin-lined piping to protect distilled water from source to point of use.

You can place your trust in Barnstead's 80 years of specialized experience in Water Still design. Write for Hospital Catalog "H" . . . describes Stills especially designed for hospital use.



TRADE MARK REG. U.S. PAT. OFF.  
**Barnstead**  
STILL AND STERILIZER CO.

31 Lanesville Terrace, Boston 31, Mass.

**THE HOSPITAL STANDARD  
IN WATER STILL DESIGN  
SINCE 1878**



## Your acoustical ceilings can be beautiful, too

Gold Bond Travacoustic ceilings keep the noise level down, and do it attractively, too. Your bed-bound patients will appreciate the dozens of handsome designs that can be made with combinations of Sculptured Travacoustic tiles.

Gold Bond® Travacoustic absorbs up to 85% of all noise striking it. Its clean, white surface provides high, glare-free reflection, and is easy to vacuum-clean or paint. Travacoustic is non-combustible; its mineral fibres *can't* burn.

Find out how our acoustical products can add to *your* patients' peace of mind. Write for your free copy of "Quiet in Hospitals", Dept. MH-129, National Gypsum Company, Buffalo 13, New York.



NATIONAL GYPSUM COMPANY





## **After 50 machine washings, this hospital blanket still stays soft and doesn't shrink**

This is the remarkable hospital blanket of 100% virgin Acrilan.\* It is the *only* hospital blanket that is light in weight, warm, and soft—that machine washes and machine dries—and that *does not shrink out of shape*. Furthermore, while other blankets shrink to nothing, mat, and go "boardy"—the blanket of Acrilan *stays soft and fluffy*. To prove this, the American Institute of Laundering tested a blanket of Acrilan against a traditional blanket. After 25 commercial launderings, the traditional blanket

shrank 45.6% in width and 28.8% in length. It was so matted and "boardy," it was declared "unsatisfactory." In the same test, the blanket of Acrilan shrank less than  $\frac{1}{2}$  of 1% after

50 washings! It stayed perfectly soft and did not mat. "Exceptional," said the Institute. Blankets of Acrilan not only cost you *less* to begin with, and save you a fortune on replacements—they are also non-allergenic (especially important in any hospital), and moth and mildew resistant. Look into them.



\*Registered trademark of The Chemstrand Corporation for its acrylic fiber

THE CHEMSTRAND CORPORATION • GENERAL SALES OFFICES: 350 FIFTH AVE., NEW YORK 1, N. Y. • DISTRICT SALES OFFICES: 350 Fifth Ave. New York 1; 3½ Overwood Rd., Akron, Ohio; 197 First Ave., Needham Heights, Mass; 129 West Trade St., Charlotte, N. C.; California Office: 707 South Hill St., Los Angeles 14. Canadian Agency: Fawcett & Co., 34 High Park Blvd., Toronto, Canada • PLANTS: ACRILAN® ACRYLIC FIBER—Decatur, Ala.; CHEMSTRAND® NYLON—Pensacola, Fla.



## WHAT'S NEW

TO HELP YOU get more information quickly on the new products described in this section, we have provided the convenient Readers Service Form on page 247. Check the numbers on the card which correspond with the numbers at the close of each descriptive item in which you are interested. The MODERN HOSPITAL will send your requests to the manufacturers. If you wish other product information, just write us and we shall make every effort to supply it.

### Automatic Electric Bed Has Push Button Control

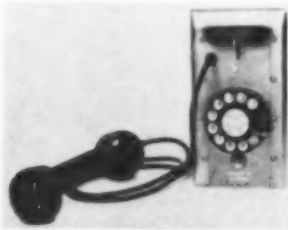
The All-Ektrik Bed No. 1494-AEG is a fully automatic, push button controlled



electric bed with a minimum number of moving parts. It provides smooth, silent operation as the bed assumes all spring heights and gatch positions by means of an electric motor which activates the Hard FulCrumatic and Rolevator systems. Little maintenance is required and an automatic thermostat protects the motor against overloading. Automatic limit switches stop the bed at maximum high and low positions and provision is made for manual operation in case of power failure. A small console of push buttons can be placed on either side of the bed for patient control when allowed but a special cut-off box permits limiting the patient in part or completely. A Safti-Lite flashes a red warning when the spring is at any height other than low to prevent leaving the patient unattended in a high bed. **Hard Mfg. Co., 117 Tonawanda St., Buffalo 7, N.Y.**

For more details circle #482 on mailing card.

### Automatic Registrar Keeps Track of Personnel



Doctors and key personnel can register in and out of the hospital by simply dialing from registrar stations located at the various entrances or other strategic locations throughout the institution. The Edstan Automatic Registrar has a lamp annunciator panel at the PBX board to indicate to the operator who is in the hospital. Any of the registrar stations shows by lamp

and tone whether the individual is in or out, and on registering in, signals advise of messages. The unit may also be keyed to a pocket paging system, and telephone communication is provided between all remote stations and the operator. **Edstan Automatic Registrar, P. O. Box 6831, Los Angeles 22, Calif.**

For more details circle #483 on mailing card.

### Patient Comfort Increased With Lazy-L Leg Rest

Designed as a companion piece to the Lazy-D Rocker, or other patient-room chair, the Lazy-L Leg Rest has a center swivel to put legs at the most restful angle. The sturdy, flexible device is attractive in appearance, with polished brass base and Antique White or Ginger Brown upholstery, and is intended to harmonize with any furniture style. When not in use the Lazy-L returns to upright position for minimum storage area. It is easily carried, quickly set up, and is wiped clean with a



damp cloth. **Debs Hospital Supplies, Inc., 5990 Northwest Highway, Chicago 31.**

For more details circle #484 on mailing card.

### Photocopy Halftone Paper Permits Copies of Photographs

A new type of photocopy material called PH (Photocopy Halftone) paper, is now available for use with Nord Photocopy Machines for copying any type of photograph, whether in black and white or color. Quick, inexpensive copies are quickly made which can be ferrotyped to give high, glossy, professional finishes. PH papers can also be used to make acceptable halftone originals for use on electronic stencil cutting machines and a special film is available to make masters for blue-print and diazo machines. **Nord Photocopy & Business Equipment Corp., 300 Denton Ave., New Hyde Park, L.I., N.Y.**

For more details circle #485 on mailing card.

### Liquid Oxygen Manifold for Piping Systems

The new Öxweld M-40-2 manifold is designed for use with two or more Linde L.G-3 low-pressure liquid oxygen cylinders to provide an uninterrupted minimum sup-

ply of 6000 cubic feet of oxygen for hospital piping systems. It occupies only a fraction of the space required for an equivalent high-pressure cylinder supply and the low-pressure supply system assures quick, efficient delivery of oxygen under



safe conditions. With the automatic change-over of the M-40, the manifold automatically continues to supply oxygen when one cylinder bank is depleted, without change in the hospital line pressure. **Linde Company, Div. of Union Carbide Corp., 420 Lexington Ave., New York 17.**

For more details circle #486 on mailing card.

### Paper Service Cart for Institutional Food Service

Labor economies in setting up patients' food trays are effected with the new Dixie Paper Service Cart designed by a hospital president, developed by Dixie Cup Division of American Can Company and manufactured by Shampaine Electric Company. The cart acts as a storage unit for paper food service items and is easily pushed to the central food service area after loading. Dispensers in the top surface hold paper plates, cold drink cups and dishes for soups, salads and the like. Bins for silverware are at the rear with a partitioned re-



cessed area for butter and condiments. Areas for storage of trays; tray mats, napkins and additional paper goods are available underneath and three shelves above hold salads, desserts and other cold foods. **Shampaine Electric, New Rochelle, N.Y.**

For more details circle #487 on mailing card.

(Continued on page 210)

### Zip-Top Paper Towel Carton Opens by Pull Tab

A convenient tab at one end of the Zip-Top tape which pulls out across the top



makes it easy to open Nibroc paper towel cartons. The carton need not be cut and can be re-used for storage or shipping. Maximum sanitation of contents is assured

by the new package. Brown Company, Box 131-Z, Boston 14, Mass.

For more details circle #488 on mailing card.

### Two Soups Added to Campbell Line

Available in both individual and quantity preparation sizes, two new soups are introduced by Campbell. Old-Fashioned Tomato Rice and Cream of Vegetable bring to 18 the number of soups in the ready-to-serve line for institutional use. They may be used with the Campbell counter kitchen, in coin or manually-operated dispensing equipment and for regular service. Campbell Soup Co., 375 Memorial Ave., Camden, N.J.

For more details circle #489 on mailing card.

### Hot Food Kitchen in Streamlined Design

Space is saved and service speeded with the new and streamlined model of the Heinz Food Kitchen recently introduced. Designed for use in lunch rooms and for single service preparation, the electric kitchen prepares soups in two minutes and hot plate lunches in three minutes. It occupies only 12 1/4 by 18 inches of space and has electrically timed outlets for two hot cups for hot food preparation, with a swing-away can opener. H. J. Heinz Co., Pittsburgh 30, Pa.

For more details circle #490 on mailing card.

### Orthopedic Bedboard Has Cloth-Covered Slats



Twenty-two individually pocketed slats facilitate handling of the new Harco Orthopedic Slatted Bedboard and permit its use between the mattress and springs of adjustable hospital beds. The bedboard conforms to spring and mattress as adjustments are made, providing firm support in any position. It rolls into a bundle 35 inches long and one foot in diameter for ease in carrying and storage. It is lightweight and the vinyl coated fabric can be quickly cleaned and disinfected. Two hooks at one end attach to the springs to prevent slipping. The Hartford Co., 22 Thomas St., East Hartford, Conn.

For more details circle #491 on mailing card.

### TV-Type Paging System Operates Silently

The new Giantview silent television paging system consists of a series of television



receivers linked with a message center in a closed circuit. Names of doctors are flashed on the television screens for approximately seven-second intervals. A telephone is wired into the side of the receiver for answering the page. Names of doctors paged are placed on a continuous turntable which revolves in front of a television camera at the message center. The system is designed for permanent installation in nearly any sized hospital. Giantview Television Network, 901 Livernois, Ferndale 20, Mich.

For more details circle #492 on mailing card.

(Continued on page 213)

For the best solution to every TOAST problem...

There's no substitute for  
**Savory**



Fast, convenient and dependable toasting during busy meal times is the answer to a serious problem—in hospitals, schools and institutions.

Undersized or inadequate toasting equipment creates service delays and appetite appeal may be destroyed unless toast is served crisp, fresh and hot.

Savory automatic conveyor type toasters provide the greatest toast production possible—6 to 12 slices per minute—and perfect golden brown toast every time.

Ask your Kitchen Equipment Dealer to show you how Savory can speed up food service and provide greater economies, or write:

**Savory**

EQUIPMENT,  
INCORPORATED  
120 Pacific St., Newark, N. J.



MEALMOBILE  
MODEL 9020 BCT



DISH LIFTERS



TRAY LIFTERS



DISH TRUCKS



TRAY TRUCKS

## *For a Centralized food Service System...*

The Swartzbaugh Company now offers you a complete centralized food serving system to meet all requirements, large or small. Modular design of the IDEAL centralized system makes it possible to expand your food service system without interfering with your overall kitchen operation. By systematizing your food service, you increase the number of patients served within a given time, and this added efficiency helps reduce costs. And you also gain the important advantage of serving the patient a good palatable, appetizing meal.

Only  
**Ideal**<sup>®</sup>  
offers ALL  
the equipment  
you need



COLD FOOD  
ASSEMBLY UNIT  
CL200-300

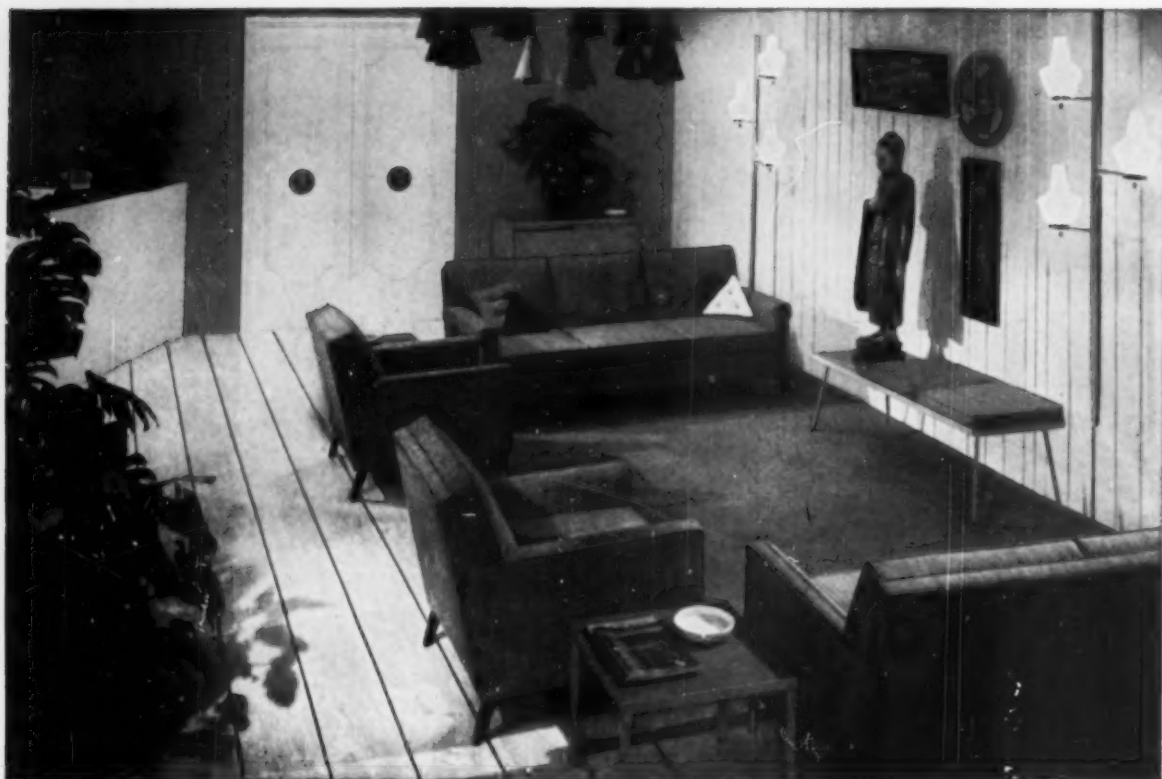


HOT FOOD  
ASSEMBLY UNIT  
FS-100

Write for full information



**SWARTZBAUGH MANUFACTURING CO. • Murfreesboro, Tenn.**



*Title by Antioch*

## Now... a basic improvement in upholstered furniture ...with COMFORTORC construction

Now Simmons presents a revolutionary improvement in upholstered furniture. It's the new Simmons line—with entirely different, entirely new features that assure greater seating comfort, greater durability.

**exclusive:** The Comfortorc principle—special concealed torque springs for positive pitch of the sofa or chair seat—assures maximum comfort for persons of every weight. No conventional seat cushion can provide this self-adjusting feature.

**exclusive:** A new concept of durability! Comfortorc furniture frames are reinforced with angle steel to make them strongest on the market. Steel grids support the Beautyrest® cushioning.

Simmons upholstered furniture brings new beauty and comfort to lobbies, waiting rooms, reception rooms and other public seating areas. Just sit on this revolutionary furniture—then you really appreciate its wonderful new comfort. See it now at your Simmons display room—or write for descriptive catalog.

What's new  
about new Simmons  
upholstered furniture?



**SIMMONS COMPANY**



CONTRACT DEPARTMENT

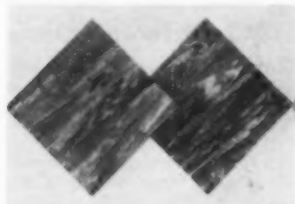
Merchandise Mart, Chicago 34, Illinois

New York, San Francisco, Atlanta, Dallas, Columbus, Los Angeles



**Asbestos Tile  
Available in Wood Tones**

Vina-Lux asbestos tile is available in either English Oak or French Walnut wood



tones. The wood grain pattern, which extends through the thickness of the tile, gives a random effect, since no two tiles are alike. The wood tone patterns come in standard nine by nine-inch tiles, one-sixteenth of an inch thick. Uvalde Rock Asphalt Co., Azrock Products Div., Box 531, San Antonio, Texas.

For more details circle #493 on mailing card.

**Ligature Dispenser  
Accommodates Suture Spin Reels**

Surgical gut, silk or cotton sutures on Ohio spin reels are easily and quickly handled in the new molded nylon Ligature Dispenser recently introduced. The "kink-free" ligature is dispensed from the palm of the hand, keeping the fingers of both hands free for action. The dispenser may be autoclaved or cold sterilized. Ohio Chemical & Surgical Equipment Co., 1400 E. Washington Ave., Madison 10, Wis.

For more details circle #494 on mailing card.

**Large Heavy Duty Griddle  
in Toastmaster Thunderbolt Line**

The Thunderbolt "850" Model 7D1 Griddle has an 864-square inch cooking surface with maximum power for speedy cooking. Four independently controlled temperature dials permit the use of varying temperatures on four areas of the griddle to accommodate different foods. The stainless steel unit, for counter-top installation, requires no banking strips and



is built for use with other Thunderbolt equipment for complete food service. Toastmaster Div., McGraw-Edison Co., Elgin, Ill.

For more details circle #495 on mailing card.

**Electric Door-Opener and Closer  
Available On Winnen Incinerators**

The operation of Winnen commercial incinerators is simplified by the addition of an electric door-opener and closer. It is available at slight extra cost on all incinerator models with the guillotine type door.

Winnen Incinerator Co., 932 Broadway, Bedford, Ohio.

For more details circle #496 on mailing card.

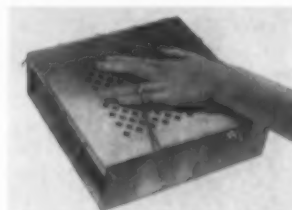
**Achromycin Spray Powder  
for Topical Use**

Achrosurgic topical spray powder is now available for applying Achromycin during surgery. Packed under sterile conditions in an aerosol can, Achromycin in the new package is quickly and easily applied topically for maximum penetration of wound surfaces. Surgical Products Div., American Cyanamid Co., Danbury, Conn.

For more details circle #497 on mailing card.

**Rubber Bands Position Fingers  
on Hand Surgical Table**

Rubber band hooks are an integral part of the new table for hand surgery developed by Zimmer. The nine by nine-inch



top is perforated and rubber bands hold the hand and fingers in the desired position. Zimmer Mfg. Co., Warsaw, Ind.

For more details circle #498 on mailing card.

(Continued on page 216)



Every detail contributing to patient comfort is built into this new Simmons hospital chair (UF-7200-F) and ottoman (UF-7202-F). The chair back is high to provide restful head support. The helical-suspended seat tilts to the correct posture-angle for persons of any weight. Seat cushioning consists of famous Beautyrest® independently pocketed springs—proof against sagging—and foam rubber top cushions. Doe-Vin Naugahyde upholstery.



Utility becomes beautiful in this new Vivant hospital bedside cabinet (F-16340-115) by Simmons. Its top, front and sides are sheathed in Fibersin—the "peopleproof" wood-grained phenolic laminate. Rough treatment cannot hurt this surface—can't dent, split or abrade. Even fruit acids, grease, alcohol, fingernail polish or forgotten cigarettes cannot damage it. Side chair (FC-786-303) has upholstered seat and back in Doe-Vin Naugahyde.

Contract Division • Merchandise Mart  
Chicago 54, Illinois



**SIMMONS COMPANY**  
CONTRACT DIVISION

DISPLAY ROOMS: Chicago • New York • San Francisco • Atlanta • Dallas • Columbus • Los Angeles



# ALL NEW!

WASHER



## ROTARY machines

### FOR FAST LOW-COST SURGICAL GLOVE PROCESSING

The fastest, easiest and most economical way to process surgical gloves is the Rotary way. For example: Even in a 100-bed hospital, these three companion machines will pay back their cost in actual savings over the hand method in less than a year.

**WASHER** Developed expressly for surgical gloves. Three times faster than hand method. No punishing agitators or fast rotating drums. Unique pulsating action cleans gloves thoroughly inside and out. Water drained automatically at end of each cycle. Takes only 8 minutes of operator's time. Capacity 150 gloves.

**DRYER** Faster, safer, because warm air at safe temperature is blown directly and continuously into tumbling drum . . . revitalizing the gloves as they dry. Excess water is removed at start of drying cycle. Drying time 30 minutes . . . three times faster than by hand. Capacity 150 gloves.

**POWDERER** Ten times faster than hand method. Even coating of powder, inside and out, without turning. Airtight. No powder escapes. Powdering time 4 to 8 minutes (depending on thickness of coating). Capacity 150 gloves.

**FREE! GLOVE PROCESSING MANUAL** mailed on request with illustrated literature describing the all-new Rotary line.



DRYER



POWDERER

ROTARY HOSPITAL EQUIPMENT CORP.

1740 Dale Rd.

Buffalo 25, N. Y.



# KNIVES

242 Different Kinds

Knives, Cleavers, Spatulas, Scrapers—all kinds, all shapes, all sizes. Knives for boning, spreading, turning, serving, opening, scraping, paring, slicing, cutting and other purposes. Bread, butter, butcher, fruit, meat, oyster, clam, poultry, grapefruit, dinner, pie, melon and many other types of knives.

— other cutters, too!

Also cutters of various kinds, knife sharpeners (hand and electric), meat slicers and other cutlery. These are but a few of the 50,000 items of equipment, furnishings and supplies sold by DON.

It's 50,000 to 1 DON has what you need for the preparation and serving of food and in the maintenance of your restaurant, cafeteria, hotel, motel, club, hospital, school, college or institution. Satisfaction guaranteed or money back.

Ask for a DON salesman to call to talk knives and your other needs too.

**EDWARD DON & COMPANY**

GENERAL HEADQUARTERS—2201 S. LaSalle St.—Chicago 16, Ill.  
Branches in MIAMI • MINNEAPOLIS • ST. PAUL • PHILADELPHIA

# KLENZADE Systematized Sanitation

A COMPREHENSIVE PLAN COVERING ALL ENVIRONMENTAL SANITATION NEEDS

- Surgery
- Nursery
- Physical Therapy
- Obstetrical
- Housekeeping
- Wards
- Central Supply
- Formula Room
- Dietary

**KLENZADE**

Designed for Your Individual Institution — Provides Total Cleanliness with these Specialized Products

MED-I-KLEEN • SCROAP • MED-I-SOLV  
SURG-I-KLEEN • KONDUCT • DIOPHOR  
NOS-O-SAN • STAPH-I-CIDE • KLENZ-SOFT

Ask About Our Sanitation Survey Service

HOSPITAL DIVISION

**KLENZADE PRODUCTS, INC.**  
BELOIT, WISCONSIN

# DuKANE



## *fully automatic hospital communications system*

Automatic . . . flexible . . . expandable . . . The DuKane Hospital Communications System is the modern successor to nurses' call systems. From this attractive, functional master unit, the duty nurse can answer patients' calls, automatically, by simply pressing



a button. Or, she can answer selectively by dialing just two digits.



Or, she can dial rooms, duty stations, or corridor reply stations and talk with all locations.

With DuKane, she has a complete floor communications system. Modern, attractive bedside stations incorporate combinations of features needed for modern hospital usage. Lavatory stations and emergency stations, too.



lights



corridor answering stations



and even wireless voice paging

to individual doctors



are engineered into DuKane systems as needed.

You get special features and tailor-made flexibility because DuKane systems are custom engineered from mass-produced components. Your nearest DuKane man is listed in the Yellow Pages



He is a factory-trained engineering distributor who will act as

your consultant on any sound system or communications problem.

**DuKANE**  
CORPORATION  
ST. CHARLES, ILLINOIS



**DuKane Corporation, Dept. MH-129, St. Charles, Illinois**  
Please send me more information about the new DuKane Hospital Communications System.

Name

Firm or Hospital

Address

City & State

## Get Slip-Protection FAST with GRIPTEX



When rain, snow, oil or grease create slip-hazards, sprinkle quick-acting GRIPTEX at all danger points. Tiny abrasive particles penetrate spillage, restore safe footing in seconds.

Spread GRIPTEX on loading platforms, kitchen, commissary, restaurant, office or factory floors. Won't scratch or discolor.

## For Lasting Safety Use GUMROK



This abrasive paste-like compound bites through oil, grease, water to assure safe footing. Apply it on stair treads, catwalks, loading ramps, other danger areas.

GUMROK is economical, goes on easily with screed, trowel or brush. And the Safety lasts.

Clip the coupon for full data on GRIPTEX and GUMROK. Do it now—before the bad weather starts. Sold only by representatives of



### Walter G. LEGGE Co., Inc.

Dept. MH-12, 101 Park Ave., N.Y. 17, N.Y.

Branch offices in principal cities.  
In Toronto—J. W. Turner Co.

Send me full information on GRIPTEX & GUMROK

Name \_\_\_\_\_

Title \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zone \_\_\_\_\_ State \_\_\_\_\_

### Food Conveyor for Centralized Service



Hot meals for as many as twenty persons can be served from the new low-cost Colson centralized food service conveyor. Model TFS 020 is a duo-section unit with heated compartment shelves accommodating 12 to 20 trays of pre-served hot foods and an unheated compartment for salads, desserts, milk and other cold foods. Individually encased strip heaters provide a continuous even flow of heat and the control panel has an automatic temperature selector and thermostat with pilot panel lights. The top compartment is separated by a vented air space and permits transporting room-temperature foods. The stainless steel conveyor rolls on two rigid and two swivel casters. **The Colson Corp., 7 S. Dearborn St., Chicago 3.**

For more details circle #499 on mailing card.

### Telescoping Work Platform Folds Compactly for Storage



The aluminum, readily mobile "Elevator-Size Telescope" is a compact scaffold which unfolds into a telescoping platform extendable for maintenance in heights up to 20 feet. It can be quickly assembled or folded by one man and measures six feet by six feet seven inches, 28 inches wide, for storage and for transport through doors or in elevators. **Up-Right Scaffolds, 1013 Pardee St., Berkeley 10, Calif.**

For more details circle #500 on mailing card.

### Narrow Trussteel Stud Gives Lighter Partitions

A finished partition thickness of 3½ inches when lathed and plastered is possible with the recently perfected 1½ inch Trussteel Stud. It has the same design as other sizes of open Trussteel Studs used in hollow, non-load-bearing and fire resistant partitions. The lighter partition effects savings in cost of construction materials since lighter footings and structural members are required. **United States Gypsum Co., 300 W. Adams St., Chicago 6.**

For more details circle #501 on mailing card.

### Ease of Installation With Improved Bolta-Wall

No special tools are needed to apply the improved vinyl Bolta-Wall tile to any surface generally suited for wallpaper, including ceilings. A special non-staining adhesive applied to the wall provides a virtually unbreakable bond. Bolta-Wall is easily cleaned with a damp rag, its colors will not fade and it is available in a wide range of patterns. **The General Tire & Rubber Co., 1708 Englewood Ave., Akron 9, Ohio**

For more details circle #502 on mailing card.

### Tomac Stretch Diapers Need No Folding

Chances of diaper rash are greatly reduced with the new Tomac soft but stretchable knit diapers that are form-fitted and



move with the baby, preventing chafing and irritation. Nursing time is saved, too, since the double thickness diapers are cut to a 14½-inch size and need no folding. **American Hospital Supply Corp., 2020 Ridge Ave., Evanston, Ill.**

For more details circle #503 on mailing card.

### Cleaver-Brooks Line Adds Three Packaged Boilers

Three packaged fire tube boilers in 400, 500 and 600 h.p. sizes have been added to the Cleaver-Brooks line. Especially suited to heating and processing steam or hot water for larger type buildings, the new boilers feature four-pass forced draft construction, readily opened doors for easy tube removal, rotary air damper and fuel flexibility for simple changeover on combination units. **Cleaver-Brooks Co., 326 E. Keefe Ave., Milwaukee 12, Wis.**

For more details circle #504 on mailing card.

### Roll-In Ambulance Cot Handled By One Man

No lifting is required to get the new One Man Roll-In Ambulance Cot in and out of the ambulance. The convenient hospital bed height simplifies patient transfer on and off. Folding front and rear legs per-



mit one man to roll the cot into the ambulance without heavy lifting and the ball bearing wheels assure easy handling. The cot lies low in the car for maximum headroom and the eight-position backrest adjustment assures proper position for the patient. **Ferno Mfg. Co., Greenfield, Ohio.**

For more details circle #505 on mailing card.

(Continued on page 218)

# THE MOST REWARDING 22 MINUTES A HOSPITAL EXECUTIVE CAN SPEND

See it now: "*Data for Diagnosis*," a 22-minute sound slidefilm study provided as a service to the hospital industry. A penetrating, illuminating study that shows how you can always have the complete up-to-the-minute information you need to operate your hospital at peak efficiency.

Dealing with principles, talking your language, and developed in cooperation with major hospitals, "*Data for Diagnosis*" points out productive new accounting and data processing methods that will give you an even tighter grip on every accounting and statistical phase of hospital administration and supply you with the most current figure-facts you need to support your decisions.

It's informative—not a selling film. It shows how large and small hospitals are now getting statistical information that simply wasn't available before. It shows how you can get more information and new information, how you can improve patient accounting—and automate your statistical work as a by-product—all without excessive accounting costs or disrupting your existing system.

For a showing of the new color-sound film "*Data for Diagnosis*" in your office at your convenience or for program use at group meetings, just call our nearby branch office today. If you prefer, you may obtain the film from the American Hospital Association Film Library, Burroughs Corporation, Burroughs Division, Detroit 32, Michigan.

## **Burroughs Corporation**

*"NEW DIMENSIONS / in electronics and data processing systems"*



### Wall-Mount Water Cooler Leaves Floor Clear



The new Wall-Mount Water Cooler permits easier cleaning and maintenance of floors since it is installed against the wall.

There are no outside plumbing connections on the attractive model which has a stainless steel top with Wall Face Splash contoured for ease of cleaning. **The Halsey W. Taylor Co., Warren, Ohio.**

For more details circle #506 on mailing card.

### Staph-Trole Antiseptic-Cleaner Is Non-Ionic Detergent

A new germicidal agent is combined with a special non-ionic detergent to form Staph-Trole, a new antiseptic-cleaner. The wetting and penetrating action of the detergent is such as to increase the efficiency of the germicidal ingredients, according to the report. Staph-Trole cleaned surfaces are said to resist re-contamination and stay odor-free for long periods. The com-

pletely non-ionic cleaner picks up both positively and negatively charged dirt particles, leaves no film residue, and washes in hard or soft, cold or hot water. **Multi-Clean Products, Inc., 2277 Ford Pkwy., St. Paul 16, Minn.**

For more details circle #507 on mailing card.

### Adjustrite Chair Has Folding Back

Model CSSC 1826 CP Adjustrite Chair is designed for use in white rooms and dust free areas. It is finished entirely in chrome plated metal with the complete mechanism enclosed. The seat adjusts from 18 to 26 inches and operates by simple lifting to



the desired height. The form fitting backrest has a six-inch horizontal and vertical adjustment and folds down for easy cleaning. **Ajusto Equipment Co., 515 Conneaut St., Bowling Green, Ohio.**

For more details circle #508 on mailing card.

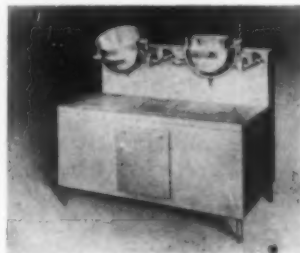
### Johnson's Shine-Up Spray Cleans and Waxes

Woodwork, walls, fixtures, metal and wood furniture and other materials can be quickly and easily cleaned and waxed with the new Johnson's Shine-up Spray. Supplied in an institutional sized spray dispenser, Shine-up cleans as it waxes, speeding the work of dusting and preventing dust from being released into the air. **S. C. Johnson & Son, Inc., Racine, Wis.**

For more details circle #509 on mailing card.

### Automatic Kettle Unit Electric or Gas Heated

The new "Kwikie" is a fully automatic back-mounted combination kettle unit for



electric or gas heat. Designed for batch cooking in institutions not equipped with steam facilities, the "Kwikie" is also efficient for use in preparing special diets and for quick cooking of small quantities for freshness. Full access is provided in front and under both kettles which are available in 10 or 20-quart steam-jacketed kettle sizes, in pairs or combinations. **B.H. Hubbert & Son, Inc., 1311 S. Ponca St., Baltimore 24, Md.**

For more details circle #510 on mailing card.

(Continued on page 222)



## 'Know this rare Bird?'

He's often seen "going it alone"... won't fly with the others. Won't take a tip from the wise birds who pick the best spots thru experience. He settles for a lot less for only a little less! Hospital buyers who know their way around feather their nests with Bates Ripplette. They know Ripplette is tough as ostrich hide—reinforced for hospital routine, ready for a lifetime of wear and washing. Second-best bedspreads just won't do for hospitals. They always buy the best—the one and only Bates Ripplette.

**Bates**

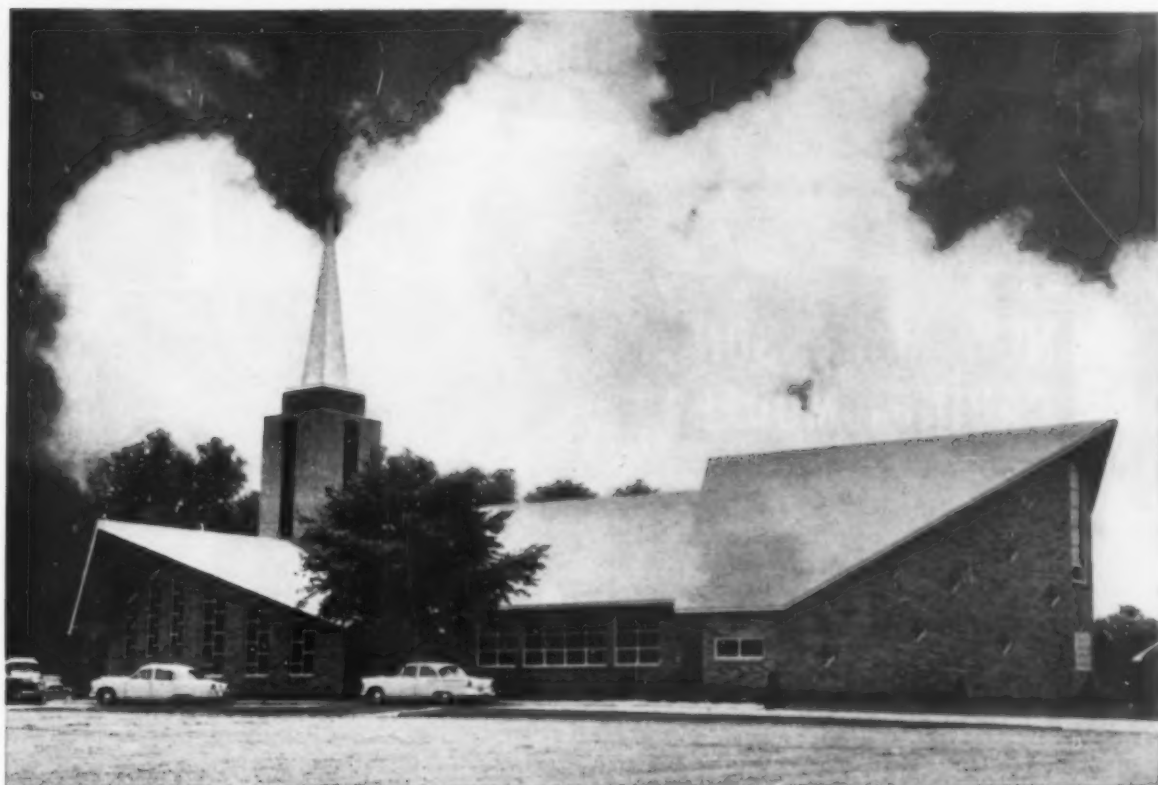


**BATES RIPPLETTE** The original hospital-tested bedspread with the reinforced ripple. No imitation can equal it for extended wear, easy washing. Sizes 72 x 90, 72 x 99, 72 x 108, 90 x 108. Also available in 63" and 81 inch widths. All White.

Call your Bates distributor or write:

**BATES FABRICS, INC., 112 W. 34TH ST., NEW YORK 1 • BOSTON • CHICAGO • ATLANTA • LOS ANGELES**





## DESIGNED FOR HARMONY, EQUIPPED FOR SERVICE

New Michigan Church Uses Norton Closers Throughout

Skillful handling of lines and shapes has given the Napier Parkview Baptist Church of Benton Harbor, Michigan, a simple dignity and beauty that are unique in a church building. Equal skill was shown in selecting equipment to insure the ultimate in long-lived efficiency, with a minimum of upkeep.

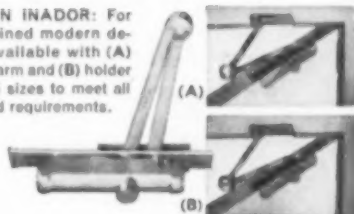
In door closers, this requirement was satisfied by specifying "Norton on all doors," a choice dictated by Norton's proved record of fine craftsmanship, dependability and low maintenance. There's a Norton for every door-closer need. Write today for the current catalog if you don't already have one.

# NORTON® DOOR CLOSERS

Dept. MH-129, Berrien Springs, Michigan

### Complete Norton Line Meets Every Door Closer Need

**NORTON INADOR:** For streamlined modern design; available with (A) regular arm and (B) holder arm... 4 sizes to meet all standard requirements.



**NORTON 750:** New corner design with concealed arms, for all types of doors, particularly narrow-rail doors.



**NORTON SURFACE-TYPE:** For all installations where concealment is not essential.



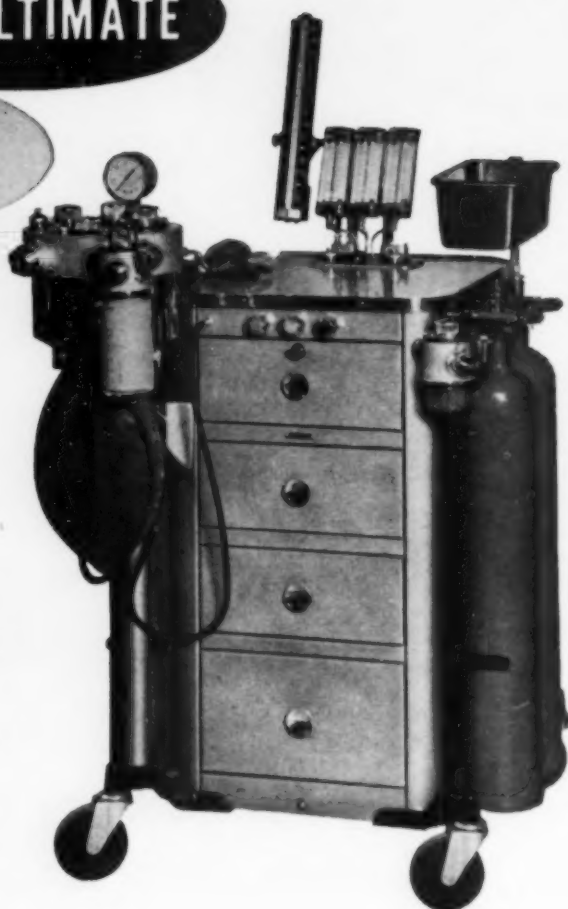
**NORTON 703-N** Compact surface-mounted type... 1½ inch projection.

**THE ULTIMATE**

**in modern  
anesthesia  
equipment**

**NEW McKESSON  
CABINET MODEL**

- Supplied with any combination of gases now in use.
- Equipped with bi-phase flow meters.
- Flow-rate controls mounted on front for utmost operating convenience.
- Twin Canister Absorber with 1800-gram baralyme capacity.
- Bag-Pressure Gauge shows pressure of gases in circuit at all times.
- Direct Oxygen Button for immediate oxygen under pressure.
- Direct Nitrous-Oxide Button for quick refilling of nitrous bag.
- Large storage capacity in four locking drawers.



- Stainless steel top and heavyweight steel construction.
- Finished in green enamel, trimmed with chrome-plated parts.
- Supplied with wide variety of accessories.

**McKesson**

**NEW CABINET  
MODEL**

For prices, other features  
and full details,  
write for McKesson  
Cabinet Model literature.

**McKESSON APPLIANCE COMPANY**

**• TOLEDO 10, OHIO**

# *This* **NURSE CALL SYSTEM MORE THAN PAYS FOR ITSELF**



**Baptist Memorial Hospital  
Memphis, Tennessee**

Equipped with "Standard"  
Royalmatic Nurse Saver  
System on ten floors,  
Intercom in X-Ray and  
Surgical Suites,  
Centralized  
Radio System,  
Doctors' Paging System,  
Television Antenna  
System,  
Fire Alarm System.



*Royalmatic*

**NURSE SAVER® SYSTEM**



Here, one nurse easily attends 48 bedside call stations. Two-way voice communication with patients eliminates need for "blind" buzzer answering... permits making one trip instead of several... eliminates many trips because patients' questions can be answered from nurses' floor station.

The STANDARD Nurse Saver System saves literally miles of walking and countless hours of time. As a result, each nurse can efficiently handle more rooms... important personnel savings are effected... higher standards of service and improved patient-relations are achieved.

Write today for complete information on STANDARD Nurse Saver Systems, Staff Registers, Paging Systems, Music Systems or Fire Alarm Systems. And ask for the name of the STANDARD representative in your area. He's a trained, experienced hospital communications man who'll be glad to demonstrate the Royalmatic Nurse Saver System and advise you.



Architect:  
Walk C. Jones, Jr.  
Consulting Mechanical  
and Electrical Engineers:  
Allen and Hoshall

**THE STANDARD ELECTRIC TIME COMPANY**

89 LOGAN STREET  
SPRINGFIELD, MASSACHUSETTS



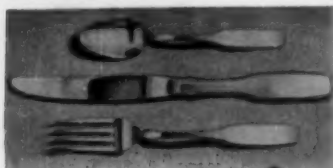
**Travelling Display—**  
Watch for showing  
in your area. See  
complete STAND  
ARD Systems in  
operation.

ALSO MANUFACTURERS OF:



### Heavy Weight Silverplate Used in Bennington Pattern

Fine quality, extra heavy weight silverplate is used by Oneida in the new Ben-



nington pattern of institutional silverware. The pattern, a contemporary version of the Early American fiddleback design, is suited for stamping and will harmonize with any decor. Oneida Ltd., Oneida, N.Y.

For more details circle #511 on mailing card.

### Titan Heating Unit With Wet Back Construction

Compact size with excellent thermal qualities are features of the new Titan 3-pass unit for heat and power. The highly dependable, conservative unit, with complete wet back construction arranged so that hot gases are in constant contact with water cooled steel walls, is constructed for years of trouble-free service with minimum maintenance. Titusville Iron Works Div., Struthers Wells Corp., Titusville, Pa.

For more details circle #512 on mailing card.

### Compact Ice Cube Machine Produces 1,200 Cubes Daily

Only three square feet of floor space are necessary for installation of the 50-pound

capacity Super Cuber Ice Machine, which is designed for use as either a "built-in" or floor unit, and produces approximately 1,200 cubes daily. A heavily insulated stainless steel compartment stores up to 35 pounds of cubes for instant use and a hinged door provides easy access. The unit is finished in gray hammerloid with stainless steel front and trim. Scotsman, Queen Products Div., Albert Lea, Minn.

For more details circle #513 on mailing card.

### Low-Priced Duplicating Machine for Sit-Down Operation



The new 9D35 low-priced spirit duplicator is designed for seated operation at increased speed. It has foot pedal control, two-way adjustable for height. The receiving tray is sloped to make copies visible to the seated operator and the fluid supply is designed to prevent spilling or waste. Ditto, Incorporated, 6800 N. McCormick Blvd., Chicago 45.

For more details circle #514 on mailing card.

## MEDI-PREP MEDICINE STATION

**SAVES TIME**

**SAVES MONEY**

**REDUCES CHANCE OF ERROR**

Time and motion studies have definitely proven that the Medi-Prep — combining storage cabinet and work space with refrigerator and sink — reduces and simplifies nursing time and effort . . . leaves more time for patient care.



### A COMPLETE, COMPACT INSTALLATION WITH EVERYTHING RIGHT AT HAND

- Lifetime, easy-to-keep clean stainless steel construction
- Double locking narcotics cabinet with warning light and removable step-rock
- 24-hour card rack for safe, accurate time control
- Tiered medicine shelves for immediate, errorless medicine identification
- Full width, non-glare fluorescent light
- Two large shelves for extra storage facilities
- Cup dispenser handy to faucet
- Waste-disposal chute with stainless steel cup dispenser
- Push button cold water faucet
- Stainless steel rectangular sink and full width work counter
- Four cubic foot biological refrigerator
- Lock on syringe drawer and refrigerator door
- Glass doors with separate locks (optional), for added protection



Since its introduction, the Medi-Prep has clearly proven itself as a money saver as well as a time saver. 48" wide, 20" deep and 80" high, it takes less floor space, requires less planning time, less installation time.

SEND TODAY FOR COMPLETE INFORMATION WRITE DEPT. MH-12

**MARKET FORGE CO., EVERETT 49, MASS.**

### Banana Syrup and Ripple for Dessert Variations

Chiquita Banana Fountain Syrup and Chiquita Golden Banana Ripple are two new prepared banana products for use in desserts. The syrup is supplied in 46-ounce cans and is suitable for fountain use. The Banana Ripple is supplied in number ten cans and five-gallon drums and is suitable for use as a topping. American Home Foods, 22 E. 40th St., New York 16.

For more details circle #515 on mailing card.

### Top-Railer Door Closer Simplifies Installation

Designed specifically to simplify installation, servicing and adjustment, the new 500



Series Top-Railer Door Closer is inconspicuous and compact. It can be mounted on metal or wood doors and is available with either mortise or surface jamb brackets, both hold-open and non hold-open. Adjustable and non-adjustable arms may be used. Only one size mortise at one location is required for all degrees of opening. American Hardware Corp., Russell & Erwin Div., New Britain, Conn.

For more details circle #516 on mailing card.

(Continued on page 224)



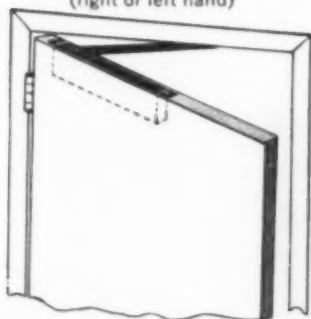
# MULTI-CHECK®

FOR INTERIOR DOORS

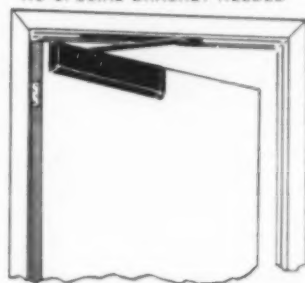


mounts any way you like...

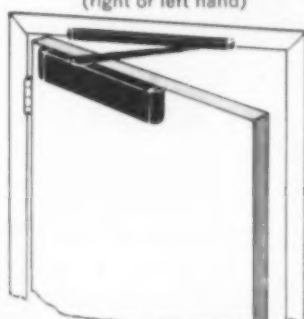
**mortised in the door**  
(right or left hand)



**push side—surface mounted**  
(right or left hand)  
NO SPECIAL BRACKET NEEDED



**pull side—surface mounted**  
(right or left hand)



**non-handed closer meets every mounting need...**

ONE-PIECE (non-protruding) ARM  
hides away when door is closed.

HOLD-OPEN quickly ad-  
justable to any one of 7  
points.

FLOATING ROLLER in arm rides  
freely to adjust to door sag or im-  
proper hanging.

TRAVELING SPINDLE  
moves with arm to relieve  
leverage stress on hinges  
and door frame.

TWO CLOSING SPEEDS  
independently adjust-  
able.

*write for complete details  
and installation templates*



**THE OSCAR C. RIXSON COMPANY**

9100 west belmont avenue • franklin park, illinois

CANADIAN PLANT: 43 racine rd. (rexdale P.O.) toronto, canada



### "Mojave" Vinyl Wall Covering is Flame Retardant

A flat, non-reflective finish that looks like suede characterizes the new "Mojave" fabric-backed vinyl wall covering added to the Koroseal line. Available in 39 colors, including several solid accents as well as neutrals and pastels, "Mojave" meets most flame retarding requirements. B. F. Goodrich Co., Akron, Ohio.

For more details circle #517 on mailing card.

### Integral Hinge Brackets Strengthen Toilet Compartments

The strength of the new Sanymetal Integral Hinge Brackets for toilet compartments is demonstrated in the accompanying illustration. Bracket and hinge are also



durable in use, assuring minimum maintenance with maximum resistance to abuse. The new brackets are installed at the factory on toilet compartment pilasters and

permit quicker installation of doors with improved appearance. They have no external bolts which show, do not interrupt the flat surface of the pilasters, and are finished to match. Sanymetal Products Co., Inc., 1705 Urbana Rd., Cleveland 12, Ohio.

For more details circle #518 on mailing card.

### Linen Inspection Table Has Central-Portion Light

A strongly lit central portion on the linen inspection table permits examination while folding. Defects are immediately apparent and time is saved in finding thin areas, holes and tears. Table dimensions may be varied, the one shown being bench height, heavy gauge steel, eight by three



feet in size. The illuminated area is covered with shatterproof, translucent Plexiglas. Porta Trace, Inc., 50 Wall St., Binghamton, N.Y.

For more details circle #519 on mailing card.

### Operating Room Air Filter Removes Air-Borne Infection

The Microtain series Absolute Filter is constructed to remove nebulized staphylococcus aerosols and bacteria attached to

dust particles. It is designed for extremely high efficiency at an initial pressure drop of only 0.4 "w., making it practical for use in hospital air conditioning and ventilating systems. It has a long service life and the filter medium is encased in a sturdy chip-board frame which is self-supporting. Cambridge Filter Corp., 738 E. Erie Blvd., Syracuse 1, N.Y.

For more details circle #520 on mailing card.

### BTC Wall Rack Holds Four Folding Chairs



A single compact package of folding chairs makes a convenient and handy unit in patient rooms and wards, clinics, offices, waiting rooms, sun rooms and other areas of the hospital. The BTC Chair Four-Pack contains four new BTC folding chairs and an all-steel, chrome-plated wall rack which can be attached behind a door, in a closet, or on the wall of a room. The chairs are within easy reach but hang against the wall and off the floor for ease of cleaning. The rack arms fold flat when chairs are in use. The Brewer-Titchener Corp., Cortland, N. Y.

For more details circle #521 on mailing card.

### Nylon Humidifier Tops Have Chrome Brass Inserts

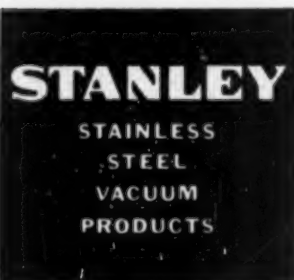
A standard bubbler type and a jet type oxygen humidifier are new in the Hudson line. Molded of nylon with chrome brass inserts for thread reinforcements, the new lightweight humidifier tops are tough, strong and autoclavable. Both units have



positive safety relief valves and finger controlled wing nuts. The bubbler type has a removable metal diffuser head and the jet type has a twin jet nebulizer with an efficient baffle. Available with either unbreakable polyethylene pint mason jars with neck reinforcements, or with standard glass jars, both humidifiers can be used with standard regulators or piping installations. Hudson Oxygen Therapy Sales Co., 2801 Hyperion Ave., Los Angeles 27, Calif.

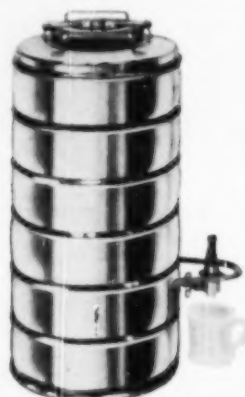
For more details circle #522 on mailing card.

(Continued on page 226)



### THEY WILL NOT BREAK!

No wonder the finest hospitals, hotels, restaurants and institutions have specified STANLEY for over 35 years. Stainless steel construction of body and liner gives the utmost in thermal efficiency and saving on replacement.



**3353-3355 VACUUM JUGS**  
Stainless inside and out. Interior bottom pitch eliminates tilting. Extra-heavy shoulders. 3 and 5 gallon sizes.



**8290 BEVERAGE SERVER** — Wide mouth, all-steel individual server for hot or cold liquids. Holds 10 ounces. Thumb-lift lid.

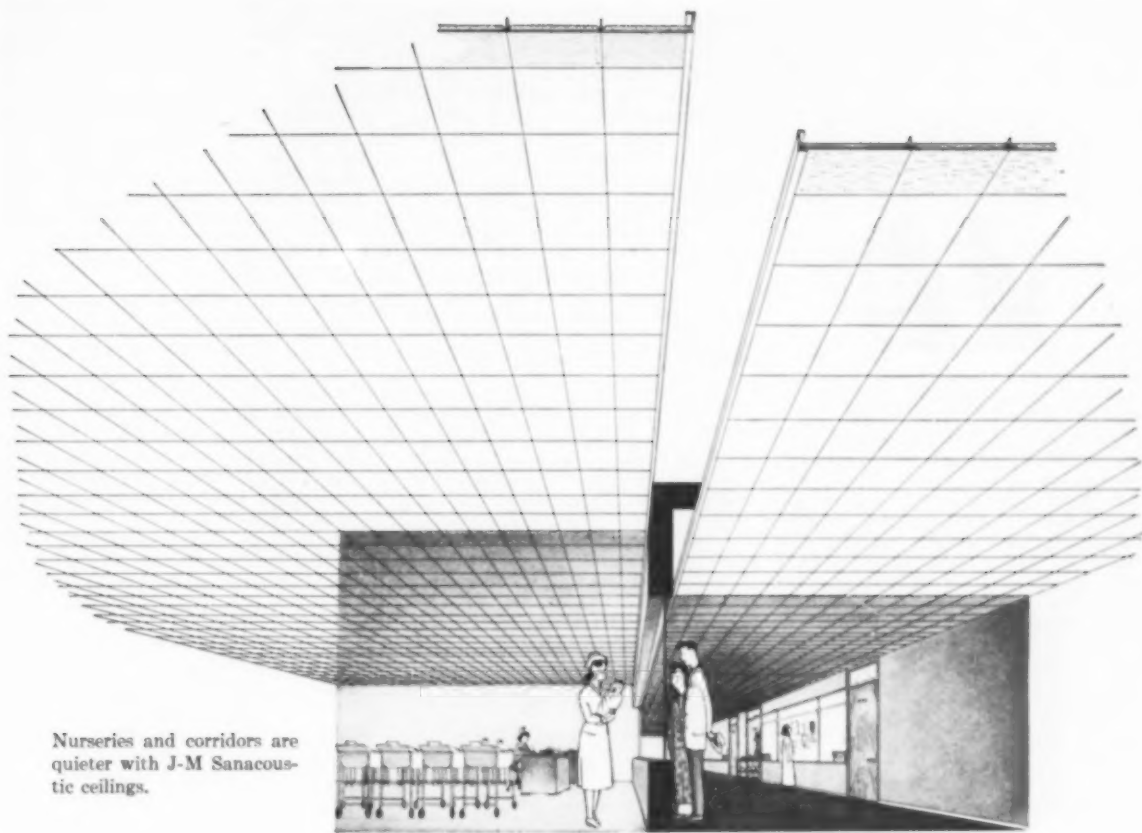


**7320 STAINLESS STEEL PITCHER**  
Holds 1 qt. Keeps liquids hot or cold. Steel liner never chips or breaks.



**1353 INDIVIDUAL SERVING BOWL**  
Stainless steel body and cover. For ice cream, soup, cereals. Easy to clean—no seams.

**STANLEY THERMAL DIVISION**  
of Landers, Frary & Clark, New Britain, Conn.



Nurseries and corridors are quieter with J-M Sanacoustic ceilings.

## Get rid of disturbing noise—

*with a Johns-Manville Sanacoustic® ceiling. It's completely noncombustible . . . it meets highest sanitary standards . . . it costs less installed than 10 years ago*



For a choice in appearance, Sanacoustic is supplied with either regular or random perforations.

For corridors, nurseries, wards, private rooms and administrative centers, modern hospitals find that sound-deadening ceilings are a sound investment. For this purpose, Johns-Manville Sanacoustic does an outstanding job. These panels are of baked-enamel perforated metal, backed with mineral wool sound-absorbing pads. They are easy to keep clean and sanitary, can be washed repeatedly or repainted as desired.

Sanacoustic panels are 12" x 24" grooved to simulate two 12" x 12" units. Also available are panels 12" x 36" scored or unscored. The panels are applied by snapping them into tee bars. And, this construction is not confined to new work; it is equally useful in remodeling and updating existing hospitals.

For full information, write to Johns-Manville, Box 158, New York 16, N. Y. In Canada, Port Credit, Ontario.

# JOHNS-MANVILLE



### Electronic Speech Aid Produces Vocal Tones

The new Cooper-Rand Electronic Speech Aid is designed to help laryngec-



tomy patients and others suffering loss of speech to speak intelligibly. It is a compact, seven-ounce unit with a wire leading to a slender plastic tube which is placed in the corner of the mouth while the patient uses tongue and lips to enunciate the sound into words. The latest advances in electronics, transistors, sub-miniature components and printed circuitry make the new model convenient and easy to use. Rand Development Corp., Medical Dept., 13600 Deise Ave., Cleveland 10, Ohio.

For more details circle #523 on mailing card.

### New Pan Sizes Added to Bloomfield Line

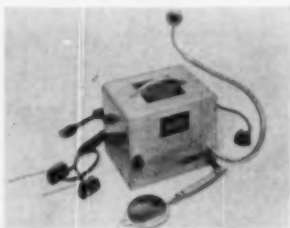
Five new sizes of stainless steel pans with accompanying covers are added to the Bloomfield line of sectional pans for food service. The new units have precision tapered sides, corners have full thickness of

metal and are perfectly rounded for ease of cleaning and sanitation. The pans can be furnished with flat, nesting-type covers for food protection and easy stacking. Bloomfield Industries Inc., 4546 W. 47th St., Chicago 32.

For more details circle #524 on mailing card.

### Electronic Telephone Device for Handicapped Patients

The Rehabaphone is a complete electronic telephone device for persons with little or no muscle power. It can be used by any patient able to press, in any way, against the lever of a sensitive micro-switch. The unit replaces the standard telephone and is a self-contained receiver and



transmitter, all transistorized. Seeger-Williams, Inc., 4 Norman St., Bridgeport 5, Conn.

For more details circle #525 on mailing card.

### Velcro "Magic" Fastener Sticks Like a Burr

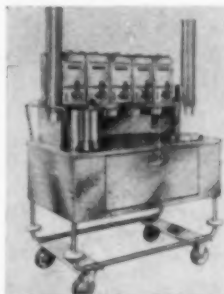
Operating on a principle similar to that of burdock burrs, the Velcro fastener was

developed after years of research and experimentation. Two ribbons of nylon, the surface of one covered with microscopic hooks and the other with equally small loops, are pressed together gently to form a smooth closure. They hold tenaciously unless "peeled," when they come apart gently and easily. The interesting new fastener is used on patient gowns, blood-pressure cuffs, tourniquets and many other hospital items. Velcro Sales Corp., Indus. Div., 681 Fifth Ave., New York 22.

For more details circle #526 on mailing card.

### Beverage Service Cart for Hot and Cold Drinks

The Augustine Cart for dispensing hot and cold drinks to patients was designed by Sister M. Brigid, director of dietary services at St. Vincent Charity Hospital, Cleveland. It can be utilized to serve meal-time beverages as well as special nourishments and delivers hot beverages hot and cold drinks chilled. Constructed of satin finished stainless steel, it has a row of five Stanley two-gallon beverage jugs, each labeled according to contents, on a rolling cart, with two dispensers for hot and cold



drink cups. Rubber tired wheels for quiet and easy operation and rotating bumpers to protect walls and doors are other features of the compact cart which has a storage compartment below the work top. Mobile Kitchens, Inc., 850 Euclid Ave., Cleveland 14, Ohio.

For more details circle #527 on mailing card.

### Electric Food Warmer Has Adjustable Steel Slides

Two pair of removable and adjustable stainless steel slides in the new Thermo-tainer Type C-4 Electric Food Warmer adapt it to all standard sizes of pans, bas-



kets, trays and insets. The flush-mounted, shelf-type doors simplify loading and unloading and provide for pass-through construction. All compartments are controlled by a single, full-range thermostat and have individual moisture control. The Thermo-tainer "channeled heat" principle assures uniform temperatures. Franklin Products Corp., 400 W. Madison St., Chicago 32.

For more details circle #528 on mailing card.

(Continued on page 228)



Spiral Type

## SLIDE TO SAFETY . . .

In 63 actual fires, Potter Slide Fire Escapes evacuated everyone in plenty of time, without confusion or injury.

Adaptable to all types of occupancy and for installation on the interior as well as the exterior.

Return the coupon below for information and a representative if desired.



Tubular Type

Tested and Listed as Standard by Underwriters' Laboratories, Inc.

### POTTER FIRE ESCAPE COMPANY, CHICAGO 45, ILL.

- ☐ Mail copy of new catalog.  
☐ Have fire escape engineer call with no obligation.

Submit estimate and details on . . . . . escapes.

Signed .....

Address .....

City .....



# IVORY SOAP...

## Mild enough for a baby's skin!

*—one reason why Ivory is by far the leading soap in hospitals everywhere!*

There are 233 separate tests for mildness and purity that Ivory must pass before it is given the supreme test—baby's tender skin. Of course, Ivory has passed this test, too—and with highest marks—for more than 80 years. More doctors recommend Ivory than any other soap for both old and young patients. And today, Ivory has become the leading soap in hospitals everywhere. Its gentle lather cleanses thoroughly, yet is mild and refreshing even to the most delicate skin. Give Ivory a trial in your institution. It will quickly win your confidence, too!



*99<sup>11</sup>/<sub>100</sub>% pure... it floats*



### Space-Saving Furniture For Nurses Homes

Designed to form space-saving multiple arrangements and reduce installation and maintenance costs, Encore metal furniture for nurses homes and other residences is



designed for permanent built-in use. The line is sturdily constructed of top quality furniture steel with baked-on chip-resistant enamel finish in a choice of colors. Formica facings are available if desired. Units include a vanity with light, mirror, sink and fixtures; individual wardrobe as a combination unit if desired; matching five-drawer chest; desk, and divan which converts into a bed. **Reliance Engineering & Mfg. Co., P.O. Box 1229, San Antonio 11, Texas.**

For more details circle #529 on mailing card.

### Washex Toilet Seat Washes With Warm Spray

Automatic pushbutton action on the Washex Automatic Toilet Seat provides a gently pressurized warm spray of water to wash the perineum, followed by pressur-

ized warm air to dry. The water and air buttons are easily accessible on the right side of the lightweight plastic seat which is designed to fit any standard commode. The gentle washing and drying action eliminates the need for tissue or sponge, of particular value in obstetrics and gynecology. **Washex Corp., 2657 Main St., Santa Monica, Calif.**

For more details circle #530 on mailing card.

### Easily-Installed Rollmates Protect Open Doors

Doors that open back to back can be prevented from bumping with a new device recently introduced, known as Rollmates. Easily installed with a screw driver, Rollmates prevent knobs from interlocking, prevent marring of finish and eliminate noise. They are made of sturdy aluminum



and are available in satin or brass finish. **Sargent & Greenleaf, Inc., 24 Seneca St., Rochester 21, N.Y.**

For more details circle #531 on mailing card.

### Portable Suction Machine Is Battery-Operated

Suction can be quickly applied at place of need, whether in the hospital or in or from the ambulance, with the new B-129 Portable Battery Operated Suction Machine. The 17-pound machine has a stain-



less steel case with convenient carrying handle and automatic overflow trap. **Pratt Hospital Equipment Mfg. Co., 3007 Southwest Dr., Los Angeles 43, Calif.**

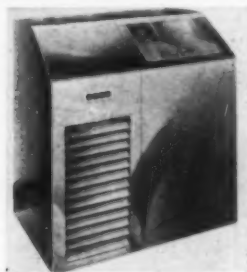
For more details circle #532 on mailing card.

### Maintenance Is Simplified With "Modern-cote" Wall Coverings

The "Modern-cote" line consists of three new wall coverings for use in institutional interiors where durability, flexibility and easy maintenance are of prime importance. "Modern-cote 33," a durable, vinyl-coated fabric, incorporates an extra layer of vinyl to assure color permanence and easy cleaning. "Modern-cote 44," a 20-gauge vinyl sheeting, is available in standard as well as special color combinations which are fused to the underside of the fabric. "Modern-cote 55" is a line of flexible wood veneers laminated to a fabric backing sheet. It may be applied to irregular and even curved surfaces, and is available in 12 different woods. **New Castle Products, Inc., Wall Covering Div., New Castle, Ind.**

For more details circle #533 on mailing card.

### Maintenance Free Icemaker Manufactured By Koch



No moving parts in the ice making zone, no gear boxes, scrapers or crushers, nothing that can wear out or require maintenance, and a self-cleaning ice making zone are features of the new Koch 900 Icemaker, which has been field tested for more than 18 months under rigorous conditions. The ice nuggets are free flowing, do not stick together and are easily scooped up. The ice bin is stainless steel lined, includes a bin level control and the working side of the cabinet is available in silver-luster baked enamel or No. 4 finish stainless steel. **Koch Refrigerators, 401 Funston Rd., Kansas City 13, Mo.**

For more details circle #534 on mailing card.

(Continued on page 230)

## ANNOUNCING 12th Annual Short Course in HOSPITAL HOUSEKEEPING April 4 to May 26, 1960

Sponsored by the American Hospital Association in cooperation with  
Michigan State University, Kellogg Center for Continuing Education

### And again this year Huntington Laboratories is offering **TEN SCHOLARSHIPS**

Anyone you select is eligible to compete... the Short Course in Hospital Housekeeping has but one objective — better patient care through better hospital housekeeping.

Anyone you select from your hospital may attend the course and is eligible to compete for a Huntington Laboratories scholarship. The rules are simple. The person must presently be employed by a hospital, or promised employment upon completion of the course. Two letters of reference are necessary, plus a statement of 500 words or less from the person you select on "What benefits I expect to obtain from the Short Course in Hospital Housekeeping." Each scholarship will cover the major portion of the room, board, tuition and book costs (approximate value, \$300.00).

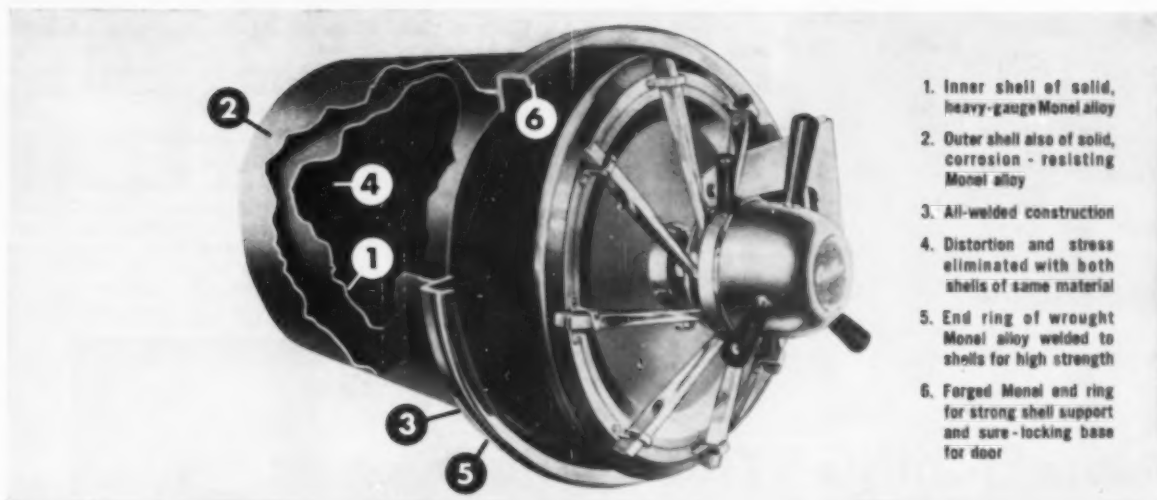
**HUNTINGTON LABORATORIES**  
HUNTINGTON, INDIANA

Philadelphia 35, Pennsylvania • In Canada: Toronto, Ontario

#### For details, write:

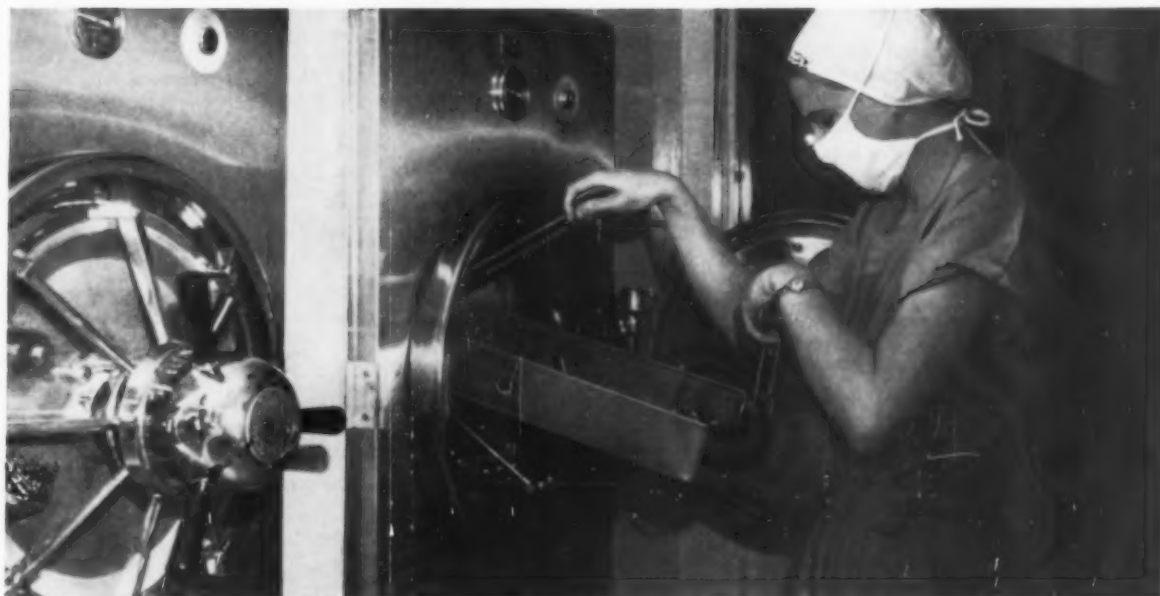
American Hospital Association, Huntington Laboratories Educational Fund, 840 North Lake Shore Drive, Chicago 11, Illinois. Deadline for applications is February 9, 1960. Huntington Laboratories has no part in the selection of winners.





1. Inner shell of solid, heavy-gauge Monel alloy
2. Outer shell also of solid, corrosion-resisting Monel alloy
3. All-welded construction
4. Distortion and stress eliminated with both shells of same material
5. End ring of wrought Monel alloy welded to shells for high strength
6. Forged Monel end ring for strong shell support and sure-locking base for door

## Wilmot Castle's double-walled Monel bodies



## assure years of trouble-free sterilizer duty

How will your hospital benefit from these sturdy all-welded, all-Monel, high-speed instrument sterilizers?

**First**... You get years... *extra years* of trouble-free service because the solid Monel inner shell and back plate are highly resistant to various corrosive factors often found in high pressure steam systems. What's more, solid Monel\* nickel-copper alloy won't chip, peel or crack, even in severest use.

**Second**... You get these same important advantages in the sterilizer's outer shell. Double assurance of long, trouble-free life because of the double-walled monel body.

**Third**... The all-welded body eliminates rivets and other possible sources of leakage or contamination.

**Fourth**... Using the same material for the inner and outer shells produces equal expansion and contraction—elim-

inates undesirable stress and distortion.

**These four big advantages** are four good reasons why you'll want to learn more about these sterilizers. Also about Wilmot Castle's nickel-clad steel bulk sterilizers. Write Wilmot Castle Company, Rochester, N. Y., for their informative catalogs.

\*Inco trademark

**HUNTINGTON ALLOY PRODUCTS DIVISION**  
The International Nickel Company, Inc.  
67 Wall Street New York 5, N. Y.

# MONEL®



**Combination Tube**  
in Allis-Chalmers Betatron  
A combination x-ray/electron beam tube

is used in the new Allis-Chalmers dual beam, rotating, twin telescoping tube suspension 25-million volt medical betatron. With the combination tube the operator can quickly change the betatron from x-ray to direct electron beam by turning a switch on the control console and adjusting field sizes with variable collimators, simplifying betatron operation and substantially reducing the set-up time. In addition to maximum operating flexibility, use of the rotating, telescoping tube suspension entirely frees the floor of obstructions. All structural supports are in the ceiling where they are not visible and installation time is reduced due to simplified design requirements. Operated by pendant station control, the telescoping tubes are motor-

driven through chain-connected jackscrews for positive control. Allis-Chalmers Mfg. Co., 1135 S. 70th St., Milwaukee 1, Wis.  
For more details circle #535 on mailing card.

### Windsor Wax Combines Cleaning With Non-Skid Safety

Designed to clean floors while it improves their appearance, Windsor Hospital Wax is classified as Anti-Slip by Underwriters Laboratories, it is reported. The fast-drying wax requires no rubbing, is non-tacky and does not discolor floors. It stays bright even after repeated wept mop-



pings, in quickly applied, non-flammable, contains no organic solvents and does not powderize. Windsor Wax Co., Inc., Dept. H, 611 Newark St., Hoboken, N.J.  
For more details circle #536 on mailing card.

### Sterile Surgilube Now in Large Tubes

The sterile, bacteriostatic surgical lubricant, Surgilube, is now available in large sized tubes for hospital use, as well as in individual five-gram tubes. Unused portions in the large tubes remain sterile, ready for the next use. Day-Baldwin, Inc., 26 Cordier St., Irvington, N.J.  
For more details circle #537 on mailing card.

### Sonogen Model H-100 Ultrasonic Cleaning System

A compact, single-cabinet ultrasonic cleaning system is available in the new



Sonogen Model H-100. The stainless steel transducerized cleaning tank, generator and rinse tank are housed in a stainless steel cabinet 44 by 33 inches in size with a counter top 32 inches high. The unit is designed as a basic module and may be incorporated into a larger cleaning system. Flexible spray rinse and air blowoff lines are included in the unit which is simple to install and cleans efficiently. Branson Ultrasonic Corp., 40 Brown House Rd., Stamford, Conn.  
For more details circle #538 on mailing card.

(Continued on page 234)

## Guide to PICKING PYREX® PIPETS

Among our most widely used biological pipets are these. With good reason: All are rugged—resistant to both chemical attack and thermal shock, since they are made from glass No. 7740. All take repeated sterilization without clouding or other signs of wear.

### ACCU-RED SERIES

Uniform in accuracy and appearance, these pipets are tapered to provide an even, smooth delivery. Tips are bevelled to reduce chipping and snagging. Red graduations are part of the glass and will last for the life of the pipet, which is considerable since the absence of etched lines makes for a strong tube.

**7085** is a general purpose serological pipet. 0.1, 0.2 and 1 ml sizes, graduated in 1/100 ml intervals; 1, 2 and 5 ml sizes, graduated in 1/10 ml intervals.

**7086** is the same as the 7085 but with cotton mouth design for transfer of virus and pathogens. The mouths are so uniform you can safely preform cotton plugs. 0.1, 0.2, 1, 2, 5, and 10 ml.

**7087** has a large tip opening to give faster intake and blow-out of suspensions and viscous liquids. Ideal for heavy creams, curds, suspensions in dairy labs and for general use in culture suspensions, liquid media, water samples, and the like. 1, 2, 5, 10, and 25 ml.

**7096** is a rinse-out pipet for especially accurate micro dilutions such as are used in the Folin method for determining blood sugar and non-protein nitrogen. Mouthpiece is just right for rubber suction tube. 0.1 and 0.2 ml.

### WHITE LINE

In those few cases where red markings might interfere with readings, we suggest this white enamel-filled serological pipet, No. 7080. 0.1, 0.2, 1, 2, 5, and 10 ml.

### LONG TIP

When you work with narrow neck tubes and flasks, the work will go faster with 7084 pipets which have long, narrow tips for insertion in confined spaces. Special care is given to achieve uniform walls on the tips and to their double-bevel grinding to assure strength and reduce breakage. 0.2, 1, and 5 ml.

### V.D.R.L.

This is No. 7093 and it is short (only 8 inches) and lighter than capillary types. It provides rapid and precise delivery of serum or antigen to spot plates and tubes. Use it for fast V.D.R.L.'s, prothrombins, calciums, and similar tests calling for a 0.5 ml delivery. Graduations in 1/100 ml intervals.

You can include any of these pipets in your regular PYREX labware order to get maximum package discounts. Many other pipets are listed in LG-1, the PYREX labware catalog, and its most recent supplement, No. 3. If you lack a copy of either, just write.



**CORNING GLASS WORKS**  
38 Crystal St., Corning, N. Y.  
CORNING MEANS RESEARCH IN GLASS

**PYREX® laboratory ware . . . the tested tool of modern research**

# NEW SCHRADER DUAL OUTLETS FOR PIPED OXYGEN AND VACUUM LINE SYSTEMS ...WITH SPECIAL SLIDE BRACKET FOR ACCESSORIES

Tamper-proof plugs  
require special key to release.



Special slide bracket holds  
vacuum bottle, gauge and  
control valve in upright position.



Non-swivel adapter designed  
to hold flow meter and humidifier bottles  
in true vertical position.

New conveniences are now added to Schrader's line of outlets for making piped oxygen and other services as available as electricity. This new unit incorporates both oxygen and vacuum outlets in one wall box and features a slide bracket to hold a vacuum bottle, gauge, and vacuum-control valve.

**SAFE AND SIMPLE:** Even though the outlets are side by side, each service has a separate safety-keyed plug-in adapter which is absolutely non-interchangeable. In addition to the safety-keyed outlets and plug-in adapters, each outlet is color keyed for the service handled. And for especially vulnerable locations, tamper-proof plugs are available.

**EASY AND QUICK:** Plugging into the outlet or disconnecting the adapter is an easy one-hand operation.

**RELIABLE AND PRACTICAL:** These new dual outlets incorporate the proven principles and rugged design found in all Schrader Flush Mounted Medical Gas Outlets. Integral locking means the *check unit* holds the adapter, not the face plate. Long-lived nylon pawls reduce friction. Attractive stainless steel face plate is durable and easy to clean.

**INSTALLATION FEATURES:** Outlets are mounted in standard electric wall boxes ready for installation. Available in any desired combination of services. Differing thicknesses of plaster are easily compensated. Twelve-inch copper lead-in tubes are silver soldered to the check unit bodies, ready for connection.

**WRITE** for complete details including illustrated technical literature.

A. SCHRADER'S SON  
Division of Scovill Manufacturing Company, Incorporated  
470 Vanderbilt Avenue, Brooklyn 38, N. Y.

**Schrader**  
a division of **SCOVILL**

FIRST NAME IN THE SAFEST  
MEDICAL GAS CONTROL OUTLETS

# HELP US KEEP THE THINGS WORTH KEEPING

Here's what peace is all about. A world where busy little girls like this can stand, happily absorbed in painting a bright picture that mother can hang in the kitchen and daddy admire when he gets home from work.

A simple thing, peace. And a precious one. But peace is not easy to *keep*, in this troubled world. Peace costs money.

Money for strength to keep the peace. Money for science and education to help make peace lasting. And money saved by individuals to keep our economy sound.

Every U.S. Savings Bond you buy helps provide money for America's Peace Power — the power that helps us keep the things worth keeping.

Are you buying as many as you *might*?



HELP  
STRENGTHEN  
AMERICA'S  
PEACE POWER



## BUY U. S. SAVINGS BONDS

*The U.S. Government does not pay for this advertising. The Treasury Department thanks The Advertising Council and this magazine for their patriotic donation.*





# "Custom-bilt by Southern" as specified—

## "CUSTOM-BILT BY SOUTHERN" DISTRIBUTORS

**ALABAMA**, BIRMINGHAM—Vulcan Equip. & Supply Co.;  
MOBILE—Mobile Fixture Co. **ARKANSAS**, LITTLE ROCK  
—Krebs Bros. Supply Co. **FLORIDA**, DAYTONA BEACH—  
Ward Morgan Co.; JACKSONVILLE—W. H. Morgan Co.;  
MIAMI—J. Conkle, Inc.; ORLANDO—Turner-Haack Co.;  
ST. PETERSBURG—Staff Hotel Supply Co.; TAMPA—Food  
Service Equip. Co., Inc. **GEORGIA**, ATLANTA—Whitlock  
Dobbs, Inc. **ILLINOIS**, PEORIA—Hertzel's Equip. Co.  
**INDIANA**, EVANSVILLE—Weber Equip. Co.; INDIAN-  
APOLIS, MARION—National China & Equip. Corp. **IOWA**,  
DES MOINES—Bolton & Hay. **KENTUCKY**, LEXINGTON  
—Heilbron-Matthews Co. **LOUISIANA**, NEW ORLEANS—  
J. S. Waterman Co., Inc.; SHREVEPORT—Buckelew Hdwe.  
Co. **MARYLAND**, BALTIMORE—The John Hoos Co.  
**MASSACHUSETTS**, BOSTON—Thompson-Winchester Co.,  
Inc. **MICHIGAN**, BAY CITY—Kirchman Bros. Co.;  
DETROIT—A. J. Marshall Co.; GRAND RAPIDS—Post  
Fixture Co. **MINNESOTA**, MINNEAPOLIS—Aslesen Co.;  
ST. PAUL—Joesting & Schilling Co. **MISSOURI**, KANSAS  
CITY—Greenwood's Inc.; ST. LOUIS—Southern Equipment  
Co. **NEBRASKA**, OMAHA—Buller Fixture Co. **NORTH  
CAROLINA**, ASHEVILLE—Asheville Showcase & Fixture  
Co.; CHARLOTTE—Hood-Gardner Hotel Supply Corp.  
**NORTH DAKOTA**, FARGO—Fargo Food & Equip. Co.  
**OHIO**, CINCINNATI—H. Lauber & Co.; CLEVELAND—  
S. S. Kemp Co.; COLUMBUS—General Hotel Supply;  
TOLEDO—Rowland Equip. Co.; YOUNGSTOWN—W. C.  
Zabel Co. **OKLAHOMA**, TULSA—Goodner Van Co. **PENN-  
SYLVANIA**, ERIE—A. F. Schultz Co.; PITTSBURGH—  
Flynn Sales Corp. **SOUTH CAROLINA**, GREENVILLE—  
Food Equipment Co. **TENNESSEE**, CHATTANOOGA—  
Mountain City Stove Co.; KNOXVILLE—Scruggs, Inc.;  
MEMPHIS—House-Bond Co.; NASHVILLE—McKay  
Cameron Co. **TEXAS**, CORPUS CHRISTI—Southwestern  
Hotel Supply, Inc.; SAN ANTONIO—Southwestern Hotel  
Supply, Inc. **UTAH**, SALT LAKE CITY—Restaurant &  
Store Equipment Co. **VIRGINIA**, RICHMOND—Ezekiel  
& Weilman Co. **WEST VIRGINIA**, CLARKSBURG—  
Parson-Souders Co. **WISCONSIN**, MILWAUKEE—S. J.  
Casper Co.



Maguolo & Quick, Architects  
St. Louis—Minneapolis

**ST. MARY'S HOSPITAL, DULUTH, MINN.**  
RAMONA SEDERBERG (Administrative  
Dietitian), St. Mary's Hospital; BJARNE  
HERLUND (Designer) for Aslesen,  
Minneapolis, Minn.



Every "Custom-bilt by Southern" installation is the result of combined teamwork. Architect, Consultant, Owner and "Custom-bilt by Southern" Distributor all contribute to the effectiveness of a profitable food service installation.

From initial floor plan, to final installation and demonstration of equipment, your "Custom-bilt by Southern" Distributor should be consulted and made part of the planning team. He will make sure the job is completed as specified, and will be available for years of competent maintenance.

Contact the distributor nearest you—take advantage of his experience and skill. He'll help you any way he can.



# SOUTHERN<sup>®</sup>

EQUIPMENT COMPANY  
4540 GUSTINE AVE. • ST. LOUIS 16, MO.  
EASTERN DIVISION OFFICE—125 Broad St., Elizabeth, N. J.

### Stainless Steel Sinks in Ledge Type Design

Two new sinks with ledge type design are introduced by Universal-Rundle in 20-gauge chrome stainless steel. The Captain, a 32 by 21-inch double compartment unit, has a four-hole ledge for spray fitting. The single compartment 24 by 21-inch Corporal flat rim sink has provision for the same accessories. Universal-Rundle Corp., New Castle, Pa.

For more details circle #539 on mailing card.

### Dura-Weve Obstetrical Pack Is Strong and Disposable

Dura-Weve, a cloth-like cellulose material developed by Scott Paper Company, is used to make up the material included in the new disposable Obstetrical Pack. The



low cost makes it practical to use the materials once and discard them, saving laundry time and preventing the possibility of

cross infection. The new pack contains 44 individual units and includes all items necessary for one delivery. It arrives as a complete unit, sterilized in advance, or ready to be sterilized at the hospital. Each component of the O. B. Pack is clearly identified and markings show pick-up points for unfolding. The packs are distributed by hospital supply houses. Scott Paper Co., Dura-Weve Dept., Chester, Pa.

For more details circle #540 on mailing card.

### Mark I Humidifier Produces "Cold Steam"



Designed for humidity and cold vapor therapy, the new Continental Mark I Humidifier produces "cold steam" for treatment of upper respiratory congestion. It supplies 100 per cent humidity in minutes and may be used with complete over-bed canopy, as a croup tent with a crib, or as a room humidifier. It has a 16-hour capacity reservoir, disposable type filter

and operates silently. The unit consists of the humidifier, canopy rod, three hangers and full overbed canopy. Continental Hospital Industries, Inc., 18624 Detroit Ave., Lakewood 7, Ohio.

For more details circle #541 on mailing card.

### Structural Curtain Wall Panel Is Translucent

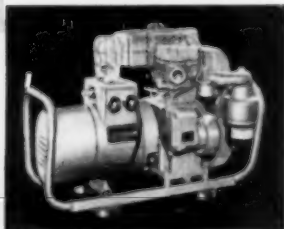


Light weight and translucence are features of the new Kalwall structural curtain wall panels. Large units, as illustrated, can be handled by one man on the building site, for swift, economical construction. The panels, in four modular sizes and six colors, are made of fiberglass reinforced plastic sheets bonded to an aluminum grid. They are highly resistant to sharp blows, vibrations and weathering and serve as efficient thermal insulators. The translucent Kalwall Panels diffuse light efficiently, even direct sunlight being converted to even, glare-free illumination. Kalwall Corporation, Manchester, N.H.

For more details circle #542 on mailing card.

(Continued on page 236)

**You can  
ALWAYS  
have power...**



**anywhere  
anytime  
in emergency  
or away  
from highlines**

Here is a portable power generator that comes to you in any one of five sizes, 600 to 2500 watts. Two men can carry the biggest one. You can use it to operate standard motor driven equipment and tools in remote locations away from highlines, or you can use it to keep you going when normal electric supply is interrupted. Handy to have anytime... vital in emergency. Other mobile units available up to 10kw. Write for complete information: Fairbanks, Morse & Co., Chicago 5, Illinois.



**FAIRBANKS-MORSE**

a name worth remembering when you want the BEST

LOCOMOTIVES • DIESEL, DUAL FUEL AND GAS ENGINES • GENERATORS • SCALES  
ELECTRIC MOTORS • PUMPS • COMPRESSORS • MAGNETOS • HOME WATER SYSTEMS



**ice  
service  
for less**

MODEL 75 holds 75 lbs. cubed, cracked or flaked ice. Stainless steel inside and out. Three other mobile units.

More and more hospitals are turning to this Gennett 75-pounder... compact... easily maneuverable... easy-to-keep clean... insulated to keep melting to a minimum on a 90° day. But best of all Gennett Model 75 cuts the cost of ice service to the patient... enables low-paid help to provide fast service. Let Gennett counsel on your ice storage and service problems. Write today for specifications and prices to GENNETT AND SONS, INC., One Main Street, Richmond, Indiana.



**GENNETT Ice Carts**

Raise overall standards  
of asepsis with—

**one  
product**

**to**

**CLEAN AND SANITIZE FROM LOBBY TO O. R.**



**cleans**

**sanitizes**

**disinfects**

**maintains  
conductivity**

— nationally known independent laboratory tests show high cleaning efficiency and prove safe cleaning action for floors, painted surfaces, metals and porcelain. This laboratory report available on request.

— as a one-step cleaner sanitizer, reduces bacteria count to safe levels. Bacteriostatic against all vegetative organisms.

— in two-step cleaning disinfecting, use the same product, CLEAN-O-LITE, for disinfectant rinse. Bactericidal against all vegetative organisms. Phenol coefficient against salmonella typhosa, 12; against staphylococcus aureus, 18.

— to fully meet requirements of NFPA Code No. 56. An ideal cleaner for O. R. and other conductive floors.

**It's an all-surface cleaner sanitizer:** use CLEAN-O-LITE on walls, metal beds, porcelain, etc. Also an effective room deodorizer, to remove source of odors. Can be sprayed. Send coupon for complete information or demonstration. (To disinfect dishes and linen, use Hillyard **Super H-101**. Residual effect.)

*Hillyard*

**CLEAN-O-LITE**

Detergent-Sanitizer-Disinfectant

Remember, the Hillyard Hospital Floor Maintenance Consultant is  
"On Your Staff, Not Your Payroll!"



**ST. JOSEPH, MO. San Jose, Calif. Passaic, N. J.**

Branches and Warehouses in Principal Cities

**HILLYARD St. Joseph, Mo. Dept. H-3**

☐ Please send me complete information on Hillyard CLEAN-O-LITE.

☐ Please have the Hillyard Hospital Floor Maintenance Consultant demonstrate CLEAN-O-LITE in my hospital. No charge, no obligation.

Name \_\_\_\_\_

Title \_\_\_\_\_

Hospital \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

### E-Z Klene Needle Tubes Save Time and Reduce Breakage

E-Z Klene Needle Tubes are designed with straight sides except for "built-in" needle supports. They simplify filling and rinsing, speed cleaning and reduce breakage. Sterility is maintained while procedure is simplified. **Specialty Professional Products**, 451 N. Citrus, Los Angeles 36, Calif.

For more details circle #543 on mailing card.

### Diagnostic Audio-Analyzer Facilitates Hearing Tests

Thirteen major pure tone and speech tests can be made with the new Zenith diagnostic Audio-Analyzer. More than five years of engineering research preceded introduction of the new instrument. It consists of a basic audiometer known as the ZA-200 which can be expanded by adding



the ZA-400, a Diagnostic Desk Speaker which permits speech testing by either recorded or monitored live voice, or the ZA-402 Diagnostic Desk Speaker which

permits the subject to be tested without headphones in a sound field while wearing a hearing aid. New developments make the instruments practical for all types of tests, and they are supplied in matching cabinets with burnproof, chemical proof and abrasion resistant surfaces. **Zenith Radio Corp.**, 6001 W. Dickens Ave., Chicago 39.

For more details circle #544 on mailing card.

### Infant Immobilizer Offered in Circumstraint



Molded of high-impact, non-porous plastic, the Circumstraint is formed to immobilize an infant comfortably for surgery or treatment. Four adjustable plastic straps which provide positive restraint of infants from four and one-half to sixteen pounds, are easily fastened to immobilize the child in seconds. The raised platform between the legs provides a rest for clamp and other instruments. **Olympic Surgical Co.**, 1319 Second Ave., Seattle 1, Wash.

For more details circle #545 on mailing card.

### Test Tube Incubator for Blood Banks and Laboratories

The Marsters Test Tube Incubator, developed by Roger W. Marsters, Ph.D., provides accurate temperature control at 37 degrees C. for as many as 40 test tubes at one time. Designed for use in blood banks and hematology laboratories, it gives



the convenience of waterless operation in a table-top unit that is light and readily movable. **Clay-Adams, Inc.**, 141 E. 25th St., New York 10.

For more details circle #546 on mailing card.

### Cleaner, Sanitizer and Germicide Controls Staph and Bacteria

Developed to control staph and bacteria on floors, walls, metal and painted surfaces while cleaning and sanitizing, G S C wets fast and emulsifies soil and grease quickly so it can be rinsed away with water. The new product does not leave a film as a bacteria breeding place and is packaged in 15 and 55-gallon drums. **The DuBois Co., Inc.**, 1120 W. Front St., Cincinnati, Ohio.

For more details circle #547 on mailing card.

### Copenhagen Sofa Transforms to Bed

Designed for use in patient rooms or nurse and staff residences, the new Copenhagen Sofa is quickly converted for sleeping. The cushion back turns down to form a comfortable rubber mattress, making a



bed to sleep one person. It is especially suitable for deluxe bedroom suites to provide sleeping facilities when parent or spouse stays with the patient, and for other areas of the institution. **Hospital Furniture, Inc.**, 936 N. Michigan Ave., Chicago 11.

For more details circle #548 on mailing card.

### O-Cedar Germicidal Floor Cleaner Cleans and Sanitizes

A specially formulated floor cleaner, which is non-toxic and completely safe for almost any surface, cleans, disinfects, deodorizes and sanitizes in one operation. Known as O-Cedar Germicidal Floor Cleaner, it is economical in use and comes in one, five, 30 and 55-gallon containers. **O-Cedar Div. of American-Marietta Co.**, 2246 W. 49th St., Chicago 9.

For more details circle #549 on mailing card.

(Continued on page 240)

## HOSPITAL FLOOR MOPPING IS VERSATILE with new Dual-Duty "Convertible" by GEERPRES



### Single Unit When You Want It!

Versatile, efficient, adapts to many mopping needs. One bucket for small-area jobs; two for larger areas. Two steel wire hooks couple 16-, 32-, 44-qt. sizes in any combination, slip into grommets located behind steel core in protective bumper, can't pull out. Hooks standard on all bumper equipped buckets. Buckets mounted on aluminum chassis with ball-bearing casters. Mop serves as handle. Buckets nest neatly for storage.



### Double Unit When You Need It!

**Geerpres**

**WRINGER, INC.**  
P.O. BOX 658, MUSKEGON, MICH.



B.F. Goodrich



## There's nothing like leaving...

Let's face it...nobody likes hospitals much...but how *well* they like your hospital is your job. And B.F. Goodrich is ready to help you out. Their new Texfoam mattress is no panacea...but it is cooler, more comfortable, cleaner (Sanitized® for protection against staph)...and a lot easier to handle.

So why add to your worries, we'll be glad to give you complete facts and figures. Write to The B.F. Goodrich Company, 519 Derby Place, Shelton, Conn.



### Facts about Texfoam mattress:

- Sanitized®—for protection against staph
- Guaranteed compression
- Comfort/compression as recommended by U.S. Dept. of Commerce Commercial Standard 182-51
- Weighs 20 lbs. less than ordinary mattress
- Non-allergenic

# B.F. Goodrich *Texfoam mattresses*



## **when LIFE hangs by a thread...**

you can depend on me.

I am a Gudebrod suture. That means I'm as dependable as a suture can be.

I used to be just a mass of raw silk—the highest quality, you understand, but without much form. Then Gudebrod gave me the treatment—and what a thorough treatment it is—all rigidly controlled by their modern electronic equipment.

And look at me now! I'm a suture that *everyone* on the O.R. staff likes. Surgeons find I follow their fingers so smoothly, so unobtrusively, their attention is never

distracted. I'm always reliable.

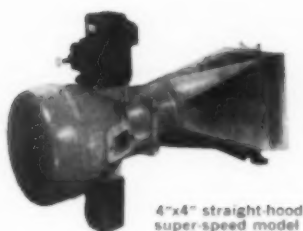
I am part of a large family, all made with the same care and high standards as I was. All of us—silk and cotton—come in a complete range of sizes, in nine different basic packages, so you can choose whichever you need for any requirement. Just write to Gudebrod—they'll be glad to send full details.

Tell your purchasing department to specify Gudebrod Sutures—you and your surgeons can depend on me!

**Gudebrod** BROS. SILK CO., INC.

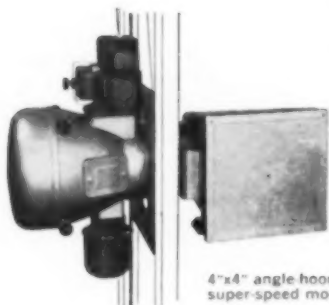
Surgical Division: 225 West 34th St., New York 1, N.Y. • Executive Offices: 12 South 12th St., Philadelphia 7, Pa.

CHICAGO • BOSTON • LOS ANGELES



4"x4" straight-hood  
super-speed model

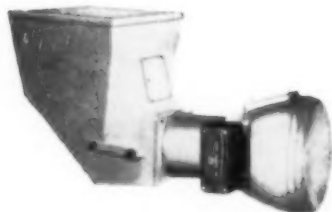
## New 4"x4" Photofluorographic Camera now added to Fairchild-Odelca line



4"x4" angle-hood  
super-speed model



70 mm straight-hood  
super-speed model



70 mm angle-hood  
super-speed model

**FAIRCHILD**  
X-RAY CAMERAS AND ACCESSORIES

Now Fairchild-Odelca offers you a straight-hood 4"x4" cut-film photofluorographic camera designed for diagnostic X-ray of ambulatory patients, for mass chest surveys, and for preventive or periodic examinations of patients and personnel. This straight-hood camera completes a line which already includes a 70 mm roll-film camera, available in both straight-hood and angle-hood models, and a 4"x4" cut-film angle-hood model. These four models offer you a wider choice than ever to meet your own specific needs. All models offer these important advantages:

### 80% LESS PATIENT EXPOSURE TO RADIATION

Test results\* prove that average patient exposure to radiation, with the Fairchild-Odelca, is only 10 mas or 0.2r. That's because the camera's concentric mirror optical system requires only one-fifth the exposure of refractive lens cameras.

### NEGATIVES OF SHARP DIAGNOSTIC QUALITY

Under 5x magnification, Fairchild-Odelca negatives clearly show the lines of a 60-line grid—a resolution not possible with refractive lens cameras. Use of the Fairchild-Odelca permits more efficient screening and earlier diagnosis . . . results in lower hospitalization and treatment costs.

### CAMERA ALWAYS READY FOR USE

There are no individual cassettes to load. All you do is press the X-ray exposure button. All Fairchild-Odelca cameras are available with automatic film transport mechanisms for both roll-film and cut-film. The 70 mm camera, equipped with a 100-foot roll film cassette, is ideal for mass chest X-rays. A 40-exposure hand-operated cassette excels for routine hospital admissions work. A 40-exposure motor-operated cassette permits serial studies (6 frames/sec.). With the 4"x4" camera, you can make up to 100 exposures, automatically, at one loading.

### SAVINGS IN RETAKES, FILING SPACE, FILM COSTS

Need for retakes is virtually eliminated by the high resolution of the negatives, the high lens speed which stops all patient motion, and automatic safety devices which prevent multiple exposures or errors in identification. Filing space requirements, as well as film costs, processing and handling, are cut to a minimum by the small size film.

\*To get detailed information on Fairchild-Odelca photofluorographic cameras, including results of comparative radiation tests, mail coupon today for brochure.

Industrial Products Division, Dept. 53  
Fairchild Camera and Instrument Corp.  
550 Midland Avenue, Yonkers, N. Y.

- ☐ Please send me your new leaflet on the Fairchild-Odelca 4"x4" straight-hood camera.
- ☐ Please send me your 22-page illustrated brochure describing Fairchild-Odelca photofluorographic cameras and comparative radiation tests.

Name \_\_\_\_\_

Company \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Zone \_\_\_\_\_ State \_\_\_\_\_

### Corn Chex Breakfast Cereal in Individual Packages

Ralston introduces its new corn cereal in individual packages for the institutional market. Corn Chex is a whole corn cereal, flavored with sugar, salt and malt, steam-cooked, shredded and formed into small biscuit shapes. Ralston Purina Co., Checkboard Square, St. Louis 2, Mo.

For more details circle #550 on mailing card.

### Portable Resuscitator Operates Automatically

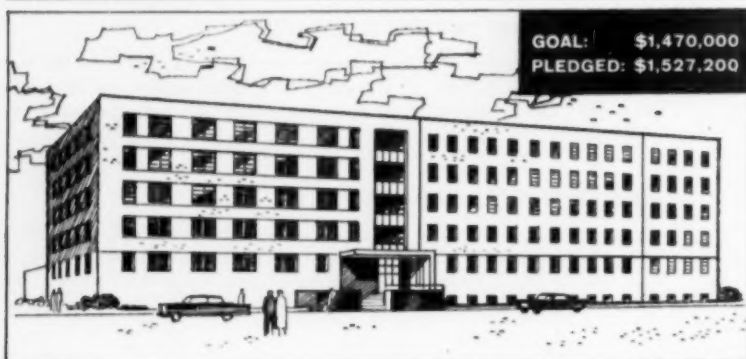
Light enough to be carried in one hand, the newly-designed Dann portable Resuscitator connects quickly to either room oxygen outlets or oxygen cylinders. The operation of the device is completely auto-

matic with the rate and flow of oxygen easily adjusted to the physiologic needs of the patient. It produces a pulsating flow,



simulating natural respiration. Dann Mfg. Co., 2259 Warrensville Center Rd., Cleveland 18, Ohio

For more details circle #551 on mailing card.



Drawing of new wing for Charleston General Hospital. Administrator is A. C. Weaver; Architects: Vecellio and Kreps.

*With Ketchum, Inc. fund-raising direction...*

## CHARLESTON GENERAL HOSPITAL EXCEEDS \$1,470,000 BUILDING-FUND GOAL

Under the leadership of Campaign Chairman Deal H. Tompkins, the people of Charleston, West Virginia, and surrounding communities have pledged \$782,000 for expansion and renovation of their hospital. An additional \$745,200 Hill-Burton grant has pushed the campaign well over its \$1,470,000 goal. Ketchum, Inc. served as professional fund-raising counsel.

At the conclusion of this campaign, J. Hornor Davis II, President of the Board of Trustees, said of Ketchum, Inc.'s service, "I desire to express our gratitude and appreciation for the very successful capital fund drive which you have conducted on behalf of our hospital."

We will be happy to discuss your hospital's fund-raising plans with you without obligation.



### KETCHUM, INC.

*Direction of Fund-Raising Campaigns*

CHAMBER OF COMMERCE BUILDING  
PITTSBURGH 19, PA.

300 FIFTH AVENUE, NEW YORK 36, N.Y.  
JOHNSTON BUILDING, CHARLOTTE 2, N.C.

### Pharmaceuticals

#### Norisodrine With Calcium Iodide

Norisodrine Syrup with Calcium Iodide is a bronchodilator with expectorant for prevention and treatment of asthma and allied conditions. Norisodrine Sulfate is a synthetic amine chemically related to epinephrine and ephedrine. Calcium iodide in Norisodrine Syrup supplies an adequate therapeutic dosage to promote liquefaction of mucus within the air passage. Abbott Laboratories, North Chicago, Ill.

For more details circle #552 on mailing card.

#### Durabolin

A new, long-acting biologic stimulant, Durabolin, acts as a potent tissue-building agent by rapid establishment of a positive nitrogen balance through increased utilization of protein intake. It also maintains proper calcium balance with improvement in skeletal disorders such as osteoporosis and certain types of mammary cancer. It produces a rapid, lasting sense of well-being in debilitated patients when injected intramuscularly. Organon Inc., Orange, N.J.

For more details circle #553 on mailing card.

#### Darvo-Tran

Darvo-Tran is a new analgesic product for the relief of pain accompanied by tension and anxiety. It combines the analgesic action of Darvon with the mildly tranquilizing effect of Ultram and A.S.A. to provide antipyretic and anti-inflammatory activity. Darvo-Tran is supplied in bottles of 100. Eli Lilly & Co., 740 S. Alabama St., Indianapolis 6, Ind.

For more details circle #554 on mailing card.

#### Mycolog Cream

Mycolog Cream is an easily applied vanishing-cream formulation with four basic therapeutic effects: anti-inflammatory, antipruritic, antibacterial and antifungal. Especially formulated for skin conditions caused or complicated by bacterial and/or monilial infection, it provides rapid, complete and often prolonged relief of itching, burning and cutaneous inflammation. E. R. Squibb & Sons, 745 Fifth Ave., New York 22.

For more details circle #555 on mailing card.

#### Otobione Otic Drops

Otobione, new sterile anti-inflammatory-antimicrobial otic drops, is a new product for topical application in the treatment of chronic otitis media, otitis externa, chronic mastoiditis with otorrhea and acute suppurative otitis media with perforation. The sterile drop formulation effectively alleviates both erythema and swelling. It is supplied as a sterile solution in 5 cc. bottles with a sterile-sealed dropper. White Laboratories, Inc., Kenilworth, N.J.

For more details circle #556 on mailing card.

#### Vasodilan

Vasodilan is a new drug for vascular disorders and menstrual cramps. It is a smooth-muscle relaxant that has proved effective as a peripheral and cerebral vasodilator and a uterine relaxant. It is supplied as 10 mg. tablets in bottles of 100, and in ampule form for injection. Mead Johnson & Co., Evansville 21, Ind.

For more details circle #557 on mailing card.

(Continued on page 242)





## NEW STANFORD MEDICAL CENTER, HAS 218 RCA VICTOR TV SETS INSTALLED BY EVENVIEW TELEVISION SYSTEMS



RCA Victor (Rosedale-170-HTR-11) 156 square inch viewable picture . . . 17-inch tube (overall diagonal).

Every scientific and engineering advance that can contribute to comfort and convenience has gone into the beautiful new Palo Alto-Stanford Hospitals in the Stanford Medical Center, Palo Alto, California.

There are bedside inter-com systems, corridor handrails, automatic raising and lowering devices on beds—and, of course, RCA Victor Hospital TV.

RCA Victor was the natural choice for the Palo Alto-Stanford Hospitals. RCA Victor's clean, trim lines complement perfectly the modern, functional design of the hospital itself and its rooms. Then, RCA Victor Hospital TV is eminently practical—with liquid- and burn-resistant finish, tamper-proof back cover, a hidden volume limiter, a tube-saving power surge resistor. And most important, the name RCA Victor means top performance—with sharp, precise reception.

No wonder then, the Palo Alto-Stanford Hospitals—looking for both beauty and function—selected RCA Victor Hospital TV when the EvenView Television Systems Leasing Co. of Beverly Hills, suggested it.

There is a complete line of RCA Victor TV sets designed with the special problems of hospitals, and other institutions in mind.

SEND COUPON FOR MORE INFORMATION

**RCA Sales Corporation**  
Box 1226-J  
Philadelphia 5, Pennsylvania

Please send complete information on RCA Victor Television for hospitals.

Name.....

Hospital Name.....

Address.....

City.....Zone.....State.....



## Literature and Services

• Control systems for hot water, steam, gas-fired and electric unit ventilators are described in the "Unit Ventilator Control Application Manual" available from Barber-Colman Co., 1300 Rock St., Rockford, Ill. Actual control applications are shown and complete cycles of operation, damper sequence charts, temperature control specifications and installation data on all models in the line are included.  
For more details circle #558 on mailing card.

• Detailed information on stainless steel sheet and its commercial uses is given in a new 36-page "Microrold Stainless Steel Handbook" available from Washington Steel Corp., Washington, Pa.  
For more details circle #559 on mailing card.

• Technical Bulletin No. 351 covers both the general and mechanical design of the McQuay line of cabinet heaters and presents charts and tablets for steam and hot water capacity ratings. The bulletin is available from McQuay, Inc., 1600 Broadway St., N. E., Minneapolis 13, Minn.  
For more details circle #560 on mailing card.

• A comprehensive catalog, "Glassware by Mercer," containing 225 items for hospital and laboratory fabricated from Pyrex (R) Brand Glass No. 7740, is available from Mercer Glass Works, Inc., 725 Broadway, New York 3. Glassware described includes the complete range of sizes required and the most frequently used types, as well as an extensive group of new items made from Pyrex (R) Brand Glass.  
For more details circle #561 on mailing card.

• Detailed information on Powermaster packaged automatic boilers is given in Bulletin 1250, published by Orr & Sem-bower, Inc., Morgantown Rd., Reading, Pa. The illustrated brochure explains oil, gas and combination gas/oil burner systems.  
For more details circle #562 on mailing card.

• Chemclad Movable Partitions with plastic laminate faces are described in a new folder available from Bourne Mfg. Co., 1573 E. Larned, Detroit 7, Mich. Sketches illustrate a typical section of the partitions and line drawings and photographs show suggested uses. Specifications are also included.  
For more details circle #563 on mailing card.

• Bulletin No. 1001-0, a 48-page catalog available from Ceco Steel Products Corp., 5601 W. 26th St., Chicago 50, gives detailed information on the complete line of Ceco steel windows. Data on accompanying hardware, mechanical operators, casings and window trim are included.  
For more details circle #564 on mailing card.

• A six-page folder on "Advanced-Design Electric Power and Light Plants" is available from Universal Motor Co., 640 Universal Drive, Oshkosh, Wis. Designed to aid in the selection of the proper plant, the bulletin gives information on specifications, models, types and an explanation of the various controls available.  
For more details circle #565 on mailing card.

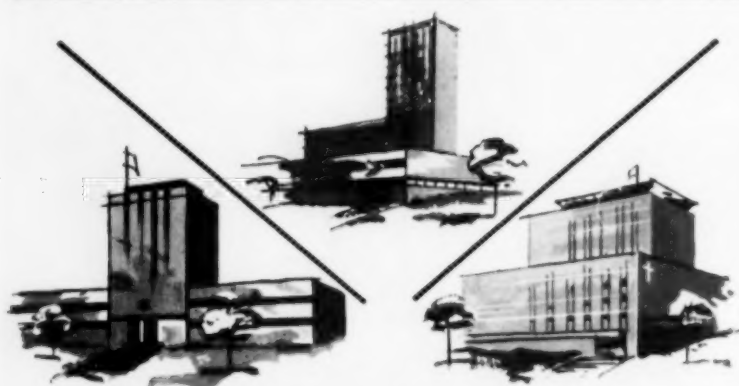
• A 12-page color brochure on the use of magnetic recording tape as a dictating medium is available from the Business Equipment Div., DeJur-Amsco Corp., 45-01 Northern Blvd., Long Island City 1, N.Y. Entitled "How to Measure Time With Tape," the booklet discusses the various possible uses for tape dictation.  
For more details circle #566 on mailing card.

• Two new pieces of literature are available from The Dyna Wash Corp., Camillus, N.Y., giving detailed information on features of the Dyna Wash combination washer-extractor. Form 1-DW-2 describes the 120-pound capacity model while Form 3-DW-2 features the 300-pound capacity unit.  
For more details circle #567 on mailing card.

• Brochure WC1724 describes the sanitizing properties of Whistleclean D-130, a detergent sanitizer and deodorizer available from The Whistleclean Corp., Div. of L. Sonneborn Sons, Inc., 404 Fourth Ave., New York 16.  
For more details circle #568 on mailing card.

• The Commodity Standards Division, U.S. Department of Commerce, Washington 25, D.C., has published Commercial Standard CS223-59 for wheel-mounted equipment used in hospitals. Selections for wheel mountings for hospital equipment, including casters, wheels and glides, usually made by experienced users, are given in the new Commercial Standard, together with requirements for material, finish, size, construction and methods of testing, as well as other helpful data. Copies are available at 10 cents each from the Supt. of Documents, Government Printing Office, Washington 25, D.C.  
For more details circle #569 on mailing card.

(Continued on page 246)



## TO RAISE MONEY PLUS LASTING COMMUNITY GOODWILL ...consult American City Bureau

Recent examples of more than 340 Bureau-conducted hospital appeals:

HOSPITAL	GOAL	SUBSCRIBED	LEADERSHIP
Anderson, Indiana Joint Campaign New Community Hospital St. John's Hospital	\$3,000,000	\$3,152,626	Frank H. Allis, Pres. & Chrm.
Baltimore, Maryland Mercy Hospital	2,500,000	3,558,524 (1st Phase)	August Haneke, Adv. Bd. Chrm. Gen'l Chrm.: M. J. Cromwell A. Hutzler, Jr. W. D. Wise, M.D. Sister Mary Thomas, Adm.
Albuquerque, New Mexico Presbyterian Hospital	600,000	632,860	Cale W. Carson, Pres. George L. Doolittle, Chrm. Ray Woodham, Administrator

At our expense, you can have a study made of your fund-raising potential. Your invitation to discuss such a project will receive our immediate response.

# American City Bureau

(Established 1913)

3520 Prudential Plaza, Chicago 1, Illinois  
New York & West Coast Representatives

FOUNDING MEMBER AMERICAN ASSOCIATION OF FUND-RAISING COUNSEL

## So You Can't Afford a Full Time Pharmacist!

### A Few Facts To Show Why Practically Every Hospital Should Have Its Own Pharmacist



by **Alfred A. Mannino**  
EXECUTIVE DIRECTOR, HOSPITAL DEPT.  
McKESSON & ROBBINS, INC.



During my recent tour of hospitals throughout the country I found a very surprising situation. Some of the smaller hospitals I visited told me how they could not support a full time pharmacist . . . yet, upon visiting other small hospitals, with even fewer beds, I found them most enthusiastic about their full time pharmacists.

**Direct Dollars and Cents Savings**—I found these small hospitals take a very realistic approach toward having a full time pharmacist. First, of course, they look at the actual savings that can be made. Here's a typical example: a 37-bed hospital has learned that with a full time pharmacist the cost of generic drugs is about \$250 per month compared to previous costs of \$500 per month for proprietary drugs—a direct saving of over \$250. Hospitals with more beds have experienced even greater savings. But drugs are not the only place large savings can be made.

**Additional Economies**—I could give you hundreds of other areas where a full time pharmacist would save money in a small hospital, but I'll just mention a few of the major examples. The actual purchasing for the pharmacy can effect a great saving in both time and money. In many instances just keeping the pharmacy from being improperly stocked—particularly in new pharmaceuticals—will actually pay much of the pharmacist's salary. The supervision and control of narcotics certainly removes one of the administrator's greatest headaches.

In addition, the training a pharmacist receives parallels in many respects that required for hospital administration, so that he can handle the general hospital purchasing and relieve the administrator of many other time consuming duties.

**Service To The Patient**—This, the reason for the hospital's being, is in my mind the most compelling reason for a full time pharmacist in all hospitals. First, because the hospital would no longer have to add a handling charge to prescriptions purchased from outside pharmacists. Patients should not have to pay extra for a service they rightfully expect from the hospital. Second, the considerable time saved in compounding prescriptions right in the hospital may very well have a bearing on the patient's comfort and speed of recovery. And, third, the doctor's attitude will be immeasurably improved when he knows what he wants is immediately at hand.

These are just a few of the reasons that have shown me it makes good sense for every hospital to consider having its own full time pharmacist regardless of how small that hospital may be.

If you would like further information on the value of a full time pharmacist, one of our McKesson Hospital Service representatives will be glad to help you. Just write to me: A. A. Mannino, McKesson Hospital Service Department, McKesson & Robbins, 155 East 44th Street, New York 17, N. Y.

since 1830 makers of furniture for public use

# THONET

write for illustrated material. **THONET INDUSTRIES INC.**

One Park Avenue, New York 16, N. Y.

**SHOWROOMS:** New York, Chicago, Detroit, Los Angeles,  
San Francisco, Dallas, Miami, Statesville, N. C.



design 3221

## 400 Patients served in less than 45 minutes...

at St. Francis Hospital, Evanston, Ill.



from tray make-up

in centralized kitchen where 2 Olson Conveyors facilitate speedy preparation... trays are then whisked by Olson Subveyors...

to serving floors

with no side-tracking, no elevator delays, no noise or confusion... and are then placed on special 8-tray carts designed by St. Francis staff and quickly delivered...



to patients



hot and fresh within minutes after tray make-up. Olson Mechanized Food and Dish Handling System simplifies diet supervision and tray routing... and also return of soiled dishes...

to dishwashing room



via Olson Subveyor... Olson Conveyors speed removal of soiled dishes from 2 dining rooms and snack shop to this same dishwashing room.

Your hospital can enjoy the same cost-cutting efficiency of Olson Mechanized Food and Dish Handling Systems. Specific information and more examples are in Bulletin 1502—ask for it.

## OLSON CONVEYORS

MANUFACTURED BY

**SAMUEL OLSON MFG. CO., INC.**

2423 Bloomingdale Avenue

Chicago 47, Illinois

DIVISION OF CHERRY-BURRELL CORPORATION





## You're never down to the last drum . . . when you buy U.S.I. alcohol

You can have a single drum of alcohol in your storeroom without the usual "last drum" fears, if it's a drum of U.S.I. pure alcohol. One of U.S.I.'s nationwide network of nine bonded warehouses is likely to be within less than a day's delivery time of your hospital. Backed by our prompt delivery service, this guarantees you any reserve alcohol supply your pharmacy requires—with no tie-up of valuable storage space and no needless inventory records to keep.

In addition, you can draw on U.S.I.'s long experience in supplying hospitals for quick solutions to your technical problems. And U.S.I. makes your paperwork chores easier, too, with assistance in handling alcohol permits and records.

At U.S.I., we consider such service a part of making and selling alcohol. America's oldest producer of hospital and industrial alcohol, we've been supplying hospitals with pure alcohol for more than half a century.

Specify U.S.I. alcohol for purity . . . for service that makes our warehouse your storeroom.

*U.S.I. pure alcohol U.S.I.*



**U.S.I. INDUSTRIAL CHEMICALS CO.**

Division of National Distillers and Chemical Corp.

99 Park Ave., New York 16, N.Y.

Branches in principal cities

• The revised edition of the "Pocket Manual of Heating" is available from Dunham-Bush, Inc., 179 South St., West Hartford 10, Conn. at \$1 per copy. Sections on wet heating systems, radiation, unit heaters, pumps, blower unit heaters, special purpose pumps and control equipment are among the many features of the handbook.  
For more details circle #570 on mailing card.

• The new, patented principle which gives the Kel-Win Faucet automatic seating and feather-touch control is described in a Catalog Sheet available from Kel-Win Mfg. Co., 3021 W. Clay St., Richmond 30, Va. Specifications and cut-away drawings, and the results of tests reporting significant savings in hot and cold water with maintenance-free service, are also included.  
For more details circle #571 on mailing card.

• The complete line of Kitchen Machines manufactured by the Toledo Scale Corporation, Kitchen Machines Div., 245 Hollenbeck St., Rochester, N.Y., is described and illustrated in a seven-fold broadside, Form SD-3814. The colorful publication covers Toledo dishwashers, peelers, mixers, choppers, saws, slicers and steak machines, and discusses outstanding features of each that help cut costs, save time and speed operation.  
For more details circle #572 on mailing card.

• Over 400 stock self-sticking Accident Prevention Signs are described in a new eight-page illustrated catalog released by W. H. Brady Co., 727 W. Glendale Ave., Milwaukee 9, Wis. The signs are shown in color and dimensions are given.  
For more details circle #573 on mailing card.

• Maintenance and refinishing methods for most types of laboratory work surfaces are described, with prices, in the new six-page "Maintenance Guide" available from Kewaunee Mfg. Co., 5023 S. Center St., Adrian, Mich. Also described and priced are some commonly used laboratory service fixtures.  
For more details circle #574 on mailing card.

• The 12-page "Pfizer Film Catalog," available from Chas. Pfizer & Co., Inc., Educational Services Dept., 800 Second Ave., New York 17, lists more than two dozen 16mm sound films, some of which cover the general fields of science and medicine while others are for teaching.  
For more details circle #575 on mailing card.

• A brochure outlining the advantages of vertical blinds as window treatment is available from Vertical Blinds Corp. of America, 1936 Pontius Ave., Los Angeles 25, Calif. A special section devoted to hospitals shows the advantages of light and air control and heat reflectivity with the rotating louvers.  
For more details circle #576 on mailing card.

• Stainless steel plaques, memorials, dedication and other signs are illustrated and described in a new brochure available from Massillon Plaque Co., 819 Danner Court, N.E., Massillon, Ohio. Photographs, art work or anything that can be photographed may be reproduced accurately on the plaques.  
For more details circle #577 on mailing card.

• "Successful Applications of Hevi-Duty Laboratory Furnaces and Hot Plates, No. 29" discusses the application of these products in hospital laboratory work. The leaflet is available from Hevi-Duty Electric Co., 2040 W. Wisconsin Ave., Milwaukee 1, Wis.  
For more details circle #578 on mailing card.

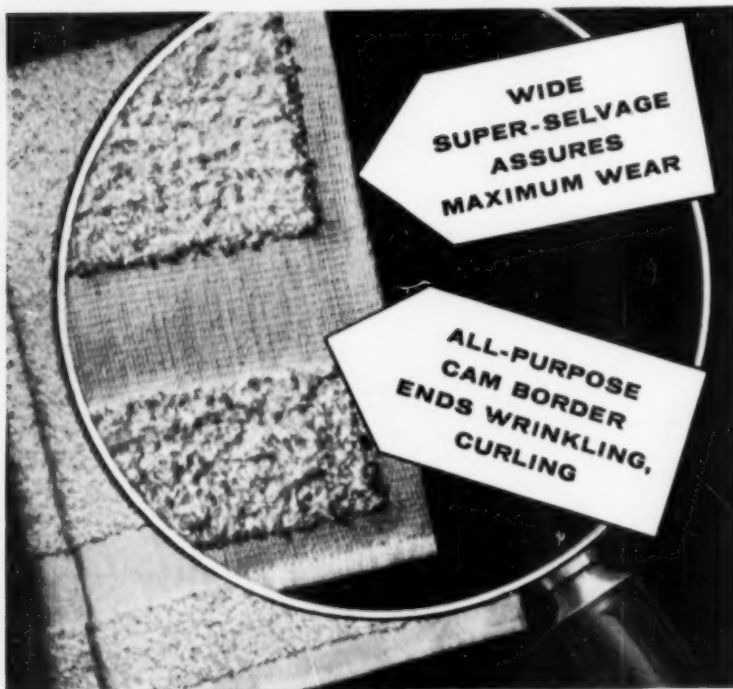
• The line of Handiform Plastics scientifically designed to meet hospital specifications is presented in a six-page folder available from Handiform Plastic Corp., 389 Fifth Ave., New York 16. In addition to presenting specifications on the hospital sheeting, mattress covers, pillow protectors and laboratory aprons available, a swatch of each product is attached.  
For more details circle #579 on mailing card.

#### Suppliers' News

Food Machinery & Chemical Corp., San Jose, Calif., manufacturer of food service machinery and equipment, announces acquisition of all manufacturing and sales rights to the Kingston Disintegrator, a five h.p. food waste disposer for institutional use, from Kingston Products Co., Kokomo, Ind. The Disintegrator will be manufactured in the Hoopeston, Ill. plant of Food Machinery & Chemical Corp. and will be marketed through its Kitchen Equipment Dept.

Hyland Laboratories, 4501 Colorado Blvd., Los Angeles 39, Calif., producer of blood derivatives and biological specialties, announces acquisition of exclusive distribution rights for all medical products of Fenwal Laboratories, Framingham, Mass., including disposable blood containers and other related items.

# DUNDEE



# TOWELS

Dundee's extra-wide SUPER-SELVAGE provides greater tensile strength than other hemmed or turned selvages... eliminates puckering and possible retention of washing-chemicals. The wide CAM BORDER permits better property marking. And remember, when you specify Dundee... your linen source *knows* you're particular!

**DUNDEE MILLS, INC., GRIFFIN, GEORGIA**

Showrooms: 1075 Avenue of the Americas (6th Ave.) at 41st St., N.Y. 18, N.Y.

# INDEX TO "WHAT'S NEW"

Pages 209-246

**Key**

421 All-Clark Rod  
Herd Mfg. Co.

422 Automatic Repeater  
Edison Automatic Repeater

423 Low-Leg Rod  
Dabo Hospital Supplies, Inc.

424 Paper  
Herd Photography and Business Equip-  
ment Corp.

425 General M-40-3 Mailfold  
Linde Co.

426 Paper Service Cart  
Shampaine Electric Co.

427 "Zip-Top" Towel Cart  
Brown Co., Misco Div.

428 Two New Seams  
Campbell Soup Co.

429 Hot Food Kitchen  
R. J. Helix Co.

430 Orthopedic Slatted Bedboard  
The Hartford Co.

431 TV-Type Piping System  
QuantView Television Network

432 Wood Toned Asbestos Tiles  
Anrock Products Div., Uralde Rich  
Asphalt Co.

433 Ligature Dispenser  
Ohio Chemical & Surgical Equipment  
Co.

434 Thundershell Griddle  
Toastraster Div.

435 Electric Door-Opener and Closer  
Winners Industries Co.

436 Achromatic Topical Spray Powder  
American Cyanamid Co., Surgical  
Products Div.

437 Hand Surgical Table  
Zimmer Mfg. Co.

438 Food Conveyor  
The Calumet Corp.

439 Elevator-Stra Tallcoope  
Up-Right Scaffold

440 Trussel Stud  
United States Gypsum Co.

441 Improved Vinyl Roll-Up Wall  
The General Fire & Rubber Co.

442 Tamar Stretch Diapers  
American Hospital Supply Corp.

443 Three New C-3 Rollers  
Cleaver-Brooks Co.

444 Roll-In Ambulance Cot  
Ferno Mfg. Co.

445 Wall-Mount Water Cooler  
Halsey W. Taylor Co.

446 Staph-Trol  
Multi-Glass Products Inc.

447 Model CBSG 1828 CP Chair  
Almado Equipment Co.

448 Shine-up Spray  
S. C. Johnson & Son, Inc.

449 "Twinkle" Steam Kettle  
S. H. Hubbard & Son, Inc.

450 Bannington Silver Pattern  
Outside Ltd. Silvermill

451 Time Heating Unit  
Thurville Iron Works Div.

452 Super Cuber Ice Machine  
Kosman, Queen Products Div.

**Key**

514 8005 Split Duplicator  
Ditto, Inc.

515 Banana Syrup and Waffle  
American Home Foods

516 Top-Roller Door Closer  
Russell & Erwin Div., American  
Hardware Corp.

517 "Moire" Vinyl Wall Covering  
B. F. Goodrich Co.

518 Integral Glass Brackets  
Sanyasol Products Co., Inc.

519 Linen Inspection Table  
Forta Truce

520 Microtela Series Absolute Filter  
Cambridge Filter Corp.

521 BTC Chair Four-Pack  
Brewer-Titchener Corp.

522 Two Oxygen Humidifiers  
Radson Oxygen Therapy Sales Co.

523 Corros-Resistant Electronic Speech Aid  
Rand Development Corp.

524 Five New Fun Bins  
Blountfield Industries, Inc.

525 Rebabophones  
Singer-Williams, Inc.

526 Velox Fumigator  
Velox Sales Corp.

527 "Augustine" Cart  
Mobile Kitchen, Inc.

528 Electric Food Warmer  
Franklin Products Corp.

529 Furniture  
Reliance Engineering and Mfg. Co.

530 Automatic Toilet Seat  
Washex Corp.

531 Rollators  
Sergeant & Greenleaf, Inc.

532 Portable Section Machine  
Pratt Hospital Equipment Mfg. Co.

533 "Modern-cote" Wall Coverings  
New Castle Products, Inc.

534 No. 300 Incubator  
Each Refrigerator

535 15-million Volt Releaser  
Allis-Chalmers Mfg. Co.

536 Windsor Hospital Wax  
Windsor Wax Co., Inc.

537 Surgitube in Large Tubes  
Dey-Ridgway, Inc.

538 Sonarson Model E-100  
Kruson, Ultrasonic Corp.

539 Captain and Corporal Sinks  
Universal-Bundle Corp.

540 Dura-Wave Obstetrical Fork  
Scott Paper Co.

541 Mink I Humidifier  
Continental Hospital Service, Inc.

542 Curtain Wall Panels  
Lairwell Corp.

543 E-3 Elong Nozzle Tube  
Specialty Professional Products

544 Diagnostics Audio-Analyzer  
Smith Radio Corp.

545 Chromatronics  
Olympic Surgical Co.

546 Masters Test Tube Incubator  
Clay-Adams, Inc.

**Key**

547 GSC Cleaner, Sanitizer and Germicide  
The Dulles Co., Inc.

548 Copemeyer Sels  
Hospital Furniture, Inc.

549 Germicidal Floor Cleaner  
O'Conor Div. of American-Marketing  
Co.

550 Core Chair in Individual Packages  
Robison Parke Co.

551 Portable Resuscitator  
Doss Mfg. Co.

552 Marandine Syrup with Calcium Iodide  
Abbott Laboratories

553 Durabolin  
Organon, Inc.

554 Dermo-Tan  
Eli Lilly and Co.

555 Mycelium Cream  
E. R. Squibb & Sons

556 Oskoline  
White Laboratories, Inc.

557 Veneolam  
Mead Johnson & Co.

558 Unit Ventilator Control Manual  
Scriber-Coleman Co.

559 Minnesota Business Steel Handbook  
Washington Steel Corp.

560 Technical Bulletin No. 221  
McQuay, Inc.

561 Hospital and Lab Glassware Catalog  
Mercer Glass Works, Inc.

562 Bulletin 1250  
Orr & Bonhoefer, Inc.

563 Chanceler Movable Partition Folder  
Barnes Mfg. Co.

564 Bulletin No. 1201-0  
Coco Steel Products Corp.

565 "Advanced Design Power Plants"  
Universal Motor Co.

566 "How To Measure Time With Tape"  
Debar-Anace Corp.

567 Forms 1-DW-1 and 1-DW-2  
The Dyer Wash Corp.

568 Brochure WC1724  
Whitcliffe Corp.

569 Commercial Standard, CS222-20  
Superintendent of Documents

570 "Pocket Manual of Heating"  
Dunham-Rush, Inc.

571 Brochure on Kel-Win Foams  
Kel-Win Mfg. Co.

572 Form SD-3014  
Toledo Scale Corp.

573 Accident Prevention Sign Catalog  
W. H. Brady

574 "Maintenance Guide" for Lab Wash  
Arco-Kawneer Mfg. Co.

575 12-page "Film Catalog"  
Chas. Flier & Co., Inc.

576 Louverdrapes Brochure  
Vertical Blind Corp. of America

577 Folder, "Business Steel Plaques"  
Hendall Plaque Co.

578 "Successful Applications"  
Hart-Duty Electric Co.

579 Folder on Hospital Plastics  
Hendall Plastic Corp.

INDEX TO ADVERTISEMENTS ON FOLLOWING PAGE

## TO REQUEST PRODUCT INFORMATION FOLD THIS FLAP OUT AND USE THESE CARDS

(We pay the postage)



The two cards below are detachable and are ad-  
dressed to us. With this flap folded out you can  
turn through the magazine for the items on which  
you want further information.

When, in either an advertisement or "What's  
New", you locate the product, turn to the index  
to advertisements on the following page or to the  
index of "What's New" items (left) where you  
will find the key number for the item. Items ad-  
vertised are listed alphabetically by manufacturer.  
"What's New" items are in Key Number order.  
Circle the corresponding key number on the card  
below for each item in which you are interested.  
The second card is for the use of someone else  
who may also want product data.

Detach and mail — no postage required.

## USE THESE CARDS

(We pay the postage)

I am interested in the items circled—

December, 1959 (a)	December, 1959 (b)
482 483 484 485 486 487	500 501 502 503 504 505
488 489 490 491 492 493	506 507 508 509 510 511
494 495 496 497 498 499	512 513 514 515 516 517
500 501 502 503 504 505	518 519 520 521 522 523
506 507 508 509 510 511	524 525 526 527 528 529
512 513 514 515 516 517	530 531 532 533 534 535
518 519 520 521 522 523	536 537 538 539 540 541
524 525 526 527 528 529	542 543 544 545 546 547
530 531 532 533 534 535	548 549 550 551 552 553
536 537 538 539 540 541	554 555 556 557 558 559
542 543 544 545 546 547	560 561 562 563 564 565
548 549 550 551 552 553	566 567 568 569 570 571
554 555 556 557 558 559	572 573 574 575 576 577
560 561 562 563 564 565	578 579
566 567 568 569 570 571	
572 573 574 575 576 577	
578 579	

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZONE \_\_\_\_\_ STATE \_\_\_\_\_

☐ Enter my one year subscription and bill me for \$5, ☐ Foreign \$7

I am interested in the items circled—

December, 1959 (a)	December, 1959 (b)
482 483 484 485 486 487	500 501 502 503 504 505
488 489 490 491 492 493	506 507 508 509 510 511
494 495 496 497 498 499	512 513 514 515 516 517
500 501 502 503 504 505	518 519 520 521 522 523
506 507 508 509 510 511	524 525 526 527 528 529
512 513 514 515 516 517	530 531 532 533 534 535
518 519 520 521 522 523	536 537 538 539 540 541
524 525 526 527 528 529	542 543 544 545 546 547
530 531 532 533 534 535	548 549 550 551 552 553
536 537 538 539 540 541	554 555 556 557 558 559
542 543 544 545 546 547	560 561 562 563 564 565
548 549 550 551 552 553	566 567 568 569 570 571
554 555 556 557 558 559	572 573 574 575 576 577
560 561 562 563 564 565	578 579
566 567 568 569 570 571	
572 573 574 575 576 577	
578 579	

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZONE \_\_\_\_\_ STATE \_\_\_\_\_

☐ Enter my one year subscription and bill me for \$5, ☐ Foreign \$7



# INDEX TO ADVERTISEMENTS

Key	Page	Key	Page
500 Abbott Laboratories .....	22-23	618 Ciba Pharmaceutical Products, Inc. -	27
501 Acme Visible Records, Inc. (HFF) ..	144	617 Ciba Pharmaceutical Products, Inc. -	161
502 Aeroplast Corporation .....	105	619 Clarke Floor Machine Company .....	137
503 Air-Shields, Inc. (HFF) .....	103	619 Classified Advertising .....	179-190
504 Aloe Company, A. S. (HFF) .....	142, 143	620 Coca-Cola Company .....	192
513 American Chair Company .....	193	621 Colgate-Palmolive Company .....	183
506 American City Bureau .....	242	622 Connecticut Sausage Mills, Inc. ....	114
507 American Hospital Supply Corporation (HFF) .....	30, 31	623 Continental Coffee Company .....	126
508 American Hydrotherm Corporation ..	123	624 Corning Glass Works .....	230
509 American Laundry Machinery Company (HFF) .....	10-21	625 Couch Company, Inc., S. M. ....	175
500 American Machine and Metals, Inc. (HFF) .....	155	626 Crescent Surgical Sales Company, Inc. ....	154
501 American Metal Products Company ..	101	627 Crest Mfg. Company, Inc. ....	182
502 American Sterilizer Company (HFF) ..	7	628 D.B.H. Inc. ....	160
503 American Sterilizer Company (HFF) ..	143	629 Darnell Corporation, Ltd. (HFF) ..	106
504 Appleton Electric Company .....	105	630 Davol Rubber Company .....	14, 15
505 Armour Pharmaceutical Co. ....	148	631 Davol Rubber Company .....	101
506 Armstrong Company, Inc., Gordon (HFF) .....	6	632 Day-Brite Lighting, Inc. ....	145
507 Auth Electric Company .....	12	633 Dick Company, A. S. ....	170, 172
508 Asrock Floor Products Division (HFF) ..	167	634 Don & Company, Edward .....	214
509 Barnaby-Cheney Company .....	182	635 Du Kane Corporation .....	215
600 Barnstead Still and Sterilizer Company (HFF) .....	206	636 Dundee Mills, Inc. ....	248
601 Bates Fabric, Inc. ....	219	637 Dunham-Smith Inc. ....	171
602 Baum Company, Inc., W. A. ....	10	638 Du Pont de Nemours & Co., Inc., E. I. ....	194
603 Baxter Laboratories .....	5	639 Eastman Kodak Company .....	105, 106
604 Beeson, Dickinson & Company (HFF) ..	45	640 Economics Laboratory .....	199
605 Blickman, Inc., S. ....	201	641 Ethicon, Inc. (HFF) .....	117
606 Bloomfield Industries .....	184	642 Everest & Jennings .....	110
607 Borroughs Mfg. Company .....	107	643 Fairbanks, Morse and Company .....	224
608 Brewer Electric Mfg. Company .....	180	644 Fairchild Camera & Instrument Corporation .....	230
609 Burroughs Corporation .....	217	645 Flex-O-Laters, Inc. ....	172
610 Caroline Absorbent Cotton Company ..	136, 140	646 Flex-Straw Corporation (HFF) .....	113
611 Carrier Corporation .....	108, 109	647 Florida Citrus Commission .....	42
612 Central States Paper & Bag Company ..	193	648 Georges Winger, Inc. ....	235
613 Chemstrand Corporation .....	208	649 Gairden Wheel Company (HFF) .....	9
614 Chicago Faucet Company .....	222	650 General Electric Company, X-Ray Department (HFF) .....	19
615 Chicago Hardware Foundry Company ..	196	651 Gessett & Sons, Inc. ....	234
		652 Goodrich Company, R. F. ....	237
		653 Goodrich Industrial Products Company, R. F. ....	183

Key	Page	Key	Page	Key	Page
604 Grant Pulley & Hardware Corporation (HFF) .....	204	680 Marsales Company, Inc. ....	147	725	
655 Grinnell Company, Inc. (HFF) .....	203	681 Massengill Company, S. E. ....	100	726	
656 Grocery Store Products Company .....	128	682 Mastellen Rubber Company .....	30	727	
657 Gudabred Brothers Silk Co., Inc. ....	239	683 Maysteel Products, Inc. (HFF) .....	204	728	
658 Housatonic Mfg. Company (HFF) .....	1	684 Meterjohn-Wengler .....	154	729	
659 Hill-Rom Company, Inc. (HFF) .....	180	685 Mettels & Company, Inc. ....	116	730	
660 Hillyard Chemical Company (HFF) ..	235	686 Minneapolis-Honeywell Regulator Co. ....	40, 41	731	
661 Hobart Mfg. Company .....	125	687 National Cylinder Gas Division of Chemetron Corp. ....	145	732	
662 Holcomb Mfg. Company, Inc., J. J. ....	186, 187	688 National Oxygen Company .....	207	733	
663 Horner Woolen Mills, Company .....	184	689 Norton Deep Closer Company (HFF) ..	219	734	
664 Huntington Laboratories, Inc. (HFF) ..	101	700 Ohio Chemical & Surgical Equipment Company .....	150, 157	735	
665 Huntington Laboratories, Inc. (HFF) ..	230	701 Olsen Mfg. Company, Inc. ....	244	736	
666 Hysco Products Company .....	190	702 Ocan & Sons, Inc., D. W. (HFF) ..	118	737	
667 International Bromo Tablet Co., Inc. ....	177	703 Otis Elevator Company .....	48, 47	738	
668 International Nickel Company, Inc. ....	229	704 Owens Illinois Libbey Glass (HFF) ..	127	739	
669 Jewett Refrigerator Company (HFF) ..	8	705 Palm Gown Company .....	154	740	
670 Johns-Manville .....	225	706 Parks, Davis & Company .....	109	741	
671 Johnson & Johnson .....	37	707 Peck's Products Company .....	135	742	
672 Johnson & Johnson .....	38	708 Pfizer Laboratories Div. of Chas. Pfizer & Co., Inc. ....	11	743	
673 Johnson Service Company .....	Cover 2	709 Pharmacal Laboratories .....	173, 174	744	
674 Jones Metal Products .....	179	710 Pioneer Rubber Company (HFF) .....	180	745	
675 Ketchum, Inc. ....	240	711 Pittsburgh Plate Glass Company .....	53	746	
676 Kleenex Products, Inc. ....	214	712 Plymouth Rubber Co., Inc. ....	182	747	
677 Koenigtramer Company, F & F .....	170	713 Polar Ware Company .....	43	748	
678 Kohler Company .....	186	714 Potter Fire Escape Company .....	225	749	
679 Lamson Corporation .....	180	715 Procter & Gamble .....	227	750	
680 Landers, Frary & Clark .....	224	716 Puritan Compressed Gas Corp. ....	22, 23	751	
681 Lederle Laboratories .....	115	717 Quicorp Company, Inc. ....	196	752	
682 Leggo Company, Inc., Walter G. (HFF) .....	216	718 Radio Corporation of America .....	241	753	
683 Lilly & Company, Eli .....	8	719 Record Files, Inc. ....	184	754	
684 Linde Company, Division of Union Carbide Corp. ....	111	720 Richards Manufacturing Company ..	200	755	
685 Linsen Supply Association .....	59	721 Risson Company, Oscar C. (HFF) ..	223	756	
686 McKesson Appliance Company .....	220	722 Rose Laboratories .....	44	757	
687 McKesson & Robbins, Inc. ....	245	723 Rotary Hospital Equipment Corp. ....	214	758	
688 MacBick Company .....	112	724 Royal Metal Mfg. Company (HFF) ..	202	759	
689 Market Forge Company (HFF) .....	222				

FIRST CLASS  
PERMIT NO. 137  
CHICAGO, ILL.

BUSINESS REPLY MAIL  
No Postage Stamp Necessary if Mailed in the United States

POSTAGE WILL BE PAID BY

THE MODERN HOSPITAL

919 NORTH MICHIGAN AVENUE

CHICAGO 11, ILLINOIS

FIRST CLASS  
PERMIT NO. 137  
CHICAGO, ILL.

BUSINESS REPLY MAIL  
No Postage Stamp Necessary if Mailed in the United States

POSTAGE WILL BE PAID BY

THE MODERN HOSPITAL

919 NORTH MICHIGAN AVENUE

CHICAGO 11, ILLINOIS



# ENTS

Key	Page
725 Rubens & Marble, Inc.	158
726 St. Paul Fire & Marine Insurance Co.	159
727 Savory Equipment Inc. (HFF)	210
728 Schlage Lock Company	123
729 Scholl Mfg. Co., Inc.	202
730 Schröder's Son, A. (HFF)	231
731 Seamless Rubber Company	Cover 4
732 Seven Up Company	131
733 Sexton & Company, John	124
734 Shampaine Company (HFF)	28
735 Shampaine Electric Company (HFF)	28
736 Simmons Company	212, 213
737 Sloan Valve Company	54
738 Southern Equipment Company	232
739 Standard Change-Makers, Inc.	120
740 Standard Electric Time Company	221
741 Stanley Works (HFF)	32
742 Stewart & Stevenson Services, Inc.	134
743 Sunbeam Lighting Company	151
744 Swartsbaugh Mfg. Company (HFF)	211
745 Swift & Company	24, 25
746 Syracuse China Corp. (HFF)	186
747 Thomet Industries, Inc.	244
748 Troy Laundry Division of American Machine and Metals, Inc. (HFF)	159
749 Union Carbide Corp., Linde Company	111
750 United States Bronze Sign Co., Inc. (HFF)	185
751 United States Ceramic Tile Company	Cover 3
752 U. S. Industrial Chemicals Company Division of National Distillers & Chemical Corp. (HFF)	245
Upsilon Company	18, 156
753 Versen Company, Karl	184
754 Vestal, Inc.	16, 17
755 Waukesha Motor Company	235
756 West Chemical Products, Inc. (HFF)	36
757 Williams, Inc., R. R.	177
758 Winthrop Laboratories Inc.	119
759 Wyeth Laboratories	45, 46

(HFF) after company name indicates that further descriptive data are filed in catalog space in Hospital Purchasing File—36th Edition.



Plate No. 1087

**It's**  
**ROMANY-SPARTAN**  
**Ceramic Tile for**  
**permanent beauty at**  
**lowest lifetime cost**

COMMUNITY MEMORIAL HOSPITAL  
 Cloquet, Minn.  
 Architects and Engineers  
 MAGNEY, SETTER, LEACH,  
 LINDSTROM & ERICKSON  
 Minneapolis, Minn.  
 Tile Contractor  
 ROBERT G. DUNLOP, INC.  
 Duluth, Minn.

Plate No. 1088



Plate No. 1085

With Romany-Spartan's vast range of sizes, shapes, colors and finishes you can choose from literally hundreds of eye-catching combinations to carry out any decorative theme—complement any architectural style. And with its stronger body and thicker, more uniform glaze, Romany-Spartan is as permanent as it is good looking. Whether you use it indoors or out, it retains its fresh, sparkling appearance for a building lifetime with minimum maintenance. Yet you pay no premium for Romany-Spartan. It's initial cost is often lower than that of substitute materials. It will pay you to investigate. Consult your architect. He can provide complete information, show you samples, suggest individual designs. United States Ceramic Tile Company, Dept. U-18, Canton 2, Ohio.



*Cloquet's Community Memorial Hospital utilizes Romany-Spartan Ceramic Tile in corridors, nurses' stations, operating and recovery rooms, kitchen and cafeteria.*

**UNITED STATES CERAMIC TILE COMPANY**  
**THE SPARTA CERAMIC COMPANY**  
 MEMBERS: TILE COUNCIL OF AMERICA AND THE PRODUCERS' COUNCIL, INC.

ROMANY



SPARTAN

**GENUINE**  
**CLAY TILE**



**NEW disposable**  
**'LACTA' PADS**  
 cut cost of postnatal breast care

- encourage self care
- reduce demands on nursing staff
- save on laundry
- eliminate need for costly hospital improvised pads
- promote better breast hygiene



In boxes of one dozen,  
 24 boxes to the case,  
 \$7.26 per case in lots of 25.

FROM ADMISSION TO DISCHARGE-PRODUCTS BY **SEAMLESS** FACILITATE HOSPITAL CARE

HOSPITAL DIVISION

'Lacta' is the trademark of the  
 Seamless Rubber Company

**THE SEAMLESS RUBBER COMPANY**  
 NEW HAVEN 3, CONN., U.S.A.

